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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087583

SUMMERFIELD FARMS, INC.							
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				_			
Principal Place of Business	Mailing Address						
616 W. BRANDON BLVD. % THOMAS H. MILLER					,		
BRANDON FL 33511 P.O. BOX 1487 BRADON FL 33509-1487		•		DO NOT WRITE	IN THIS SI	PACE	•
	OHADON TE 30303 THO			3. Date Incorporated or Qualifed			
*				12/01/1994		•	
2. Principal Place of Business	2a. Mailing Address	····		4. FEI Number		App	olied For
	26			59-3286942		Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	*	\$8.75 A	
22	27			5. Certificate of Catalog Desires	4`	Fee Re	<u> </u>
City & State	City & State			6. Election Campaign Financing		\$5.00	
23	28			Trust Fund Contribution		Added to	Fees
Zip Country	Zip	Country		8. This corporation owes the current		gible	5 4No
24 25		30		Personal Property Tax. 10. Name and Address of New Re			9230
9. Name and Address of Cu	irrent Registered Agent	81	Name	10. Name and Address of New Ke	Bigrai ari wê	ient.	
MCDERMOTT, MICHAEL J		"	Manto				
791 W. LUMSDEN RD		82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)		
BRANDON FL 33511		83	<u> </u>	Substitution of the substi	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.17.7.6.2	(14) (1) (14)
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D. A.	0502 and 607 1508. Florida Statute	es the above-	named como	oration submits this statement for the pu	urpose of ch	anging its	registered
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the St	.0502 and 607.1508, Florida Statute tate of Florida. Such change was at	es, the above- uthorized by th	named corpo he corporation	pration submits this statement for the pun's board of directors. I hereby accept	urpose of ch the appointr	nanging its ment as reg	registered gistered
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with; and accept the object.	.0502 and 607.1508, Florida Statute tate of Florida. Such change was al bligations of, Section 607.0505, Flor	es, the above- uthorized by th rida Statutes.	named corpo ne corporation	oration submits this statement for the pun's board of directors, I hereby accept	urpose of ch the appointr	nanging its ment as reg	registered gistered
agent. I am familiar with, and accept the or SIGNATURE	bigations of, Section 607.0303, Floi	nua sialules.			urpose of ch the appointr	nanging its ment as req	registered gistered
agent. I am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registerer	bigations of, Section 607.0303, Floi	nua sialules.		when reinstating)	DATE	··	
agent. I am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. (NOTE:	: Registered Agent			DATE CERS AND	··-	
SIGNATURE Signature, typed or printed name of registered at the control of the co	d agent and title if applicable. (NOTE:	; Registered Agent s		when reinstating)	DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE Signature, typed or printed name of registerer 12. OFFICERS TITLE D MAME MILLER, THOMAS H	d agent and title if applicable. (NOTE:	: Registered Agent s 13. 1.1 TITLE	signature required	when reinstating)	DATE CERS AND	DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90002 039 ***158.75