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**Mar 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027699 (4)

1. Corporation Name
BAYSHORE FARMS, INC.



Principal Place of Business Mailing Address
6216 BAYSHORE ROAD 6216 BAYSHORE ROAD
NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 33917-3132

3. Date Incorporated or Qualified 3a. Date of Last Report
04/06/1995 07/02/1996

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 65-0578950	Applied For Not Applicable
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						

**SINGLETARY, RICHARD S
6216 BAYSHORE ROAD
NORTH FORT MYERS FL 33917**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signatures must be printed name of registered agent and Director if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGLETARY, RICHARD S		1.2 NAME	
STREET ADDRESS 6216 BAYSHORE ROAD		1.3 STREET ADDRESS	
CITY-STATE-ZIP NORTH FORT MYERS FL 33917		1.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGLETARY, HEIDI L		2.2 NAME	
STREET ADDRESS 6216 BAYSHORE ROAD		2.3 STREET ADDRESS	
CITY-STATE-ZIP NORTH FORT MYERS FL 33917		2.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGLETARY, JOHNNY H JR.		3.2 NAME	
STREET ADDRESS 6212 BAYSHORE ROAD		3.3 STREET ADDRESS	
CITY-STATE-ZIP NORTH FORT MYERS FL 33917		3.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINGLETARY, SUSE A		4.2 NAME	
STREET ADDRESS 6212 BAYSHORE ROAD		4.3 STREET ADDRESS	
CITY-STATE-ZIP NORTH FORT MYERS FL 33917		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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.

SIGNATURE: *Heidi L Singletary* **HEIDI SINGLETARY** 3-17-97 941-543-5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)