## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2723 E HOLLY POINT RD

ORANGE PARK FL 32073-5636

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 28 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000070844 (2)

THREE S'S FARMS, INC.

Principal Pface of Business

2723 E HOLLY POINT RD ORANGE PARK FL 32073

SIGNATURE:

3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1995 03/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3338319 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suile, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country This corporation has liability for intangible tax under s. 199.032. Yes 30 Florida Statutes No 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCALES, DAVID F 2723 E HOLLY POINT RD 82 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK FL 32073 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Septaton, typed or protections of nigoteted agent and tile it applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition DELETE 1.1 TITLE THAT SCALES, DAVID F 1.2 NAME NAME 2723 E HOLLY POINT RD 1.3 STREET ADDRESS SURELL ADDRESS **ORANGE PARK FL 32073** 1.4 CITY - ST - ZIP CHY 51 700 Addition Change DELETE 2.1 TITLE TILLE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP Ciffy - \$1 - 2if Change Addition DELETE 3.1 TITLE TelsE 3.2 NAME NAME 3.3 STREET ADDRESS STEEL ALIGHESS 3.4. CITY - ST-ZIP COLY-ST 20 Addition Change DELETE 4.1 TITLE TIFLE 4.2 NAME NAM: 4.3 STREET ADDRESS STREET ACCORESS 4.4 City - St - 7/P CHI ST-20 Addition Change DELETE 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY-ST-ZIP CHY SI-Z# Addition DELETE Change 61 TITLE 1:116 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIE 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 accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of free composition or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appriars in Block 12 or Block