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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF \$TATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005399 (6)

B & J SHEFFIELD HARVESTING, INC.

FILED Apr 28 1997 8:00am Secretary of State



Principal Place o	Mailing	Mailing Address								
1340 CLYDESDAL LOXAHATCHEE F			LYDESDALE DRIV ATCHEE FL 33470		:					
							3. Date incorporated or Qualified 01/16/1996	3a . Da	te of Last	Report
2. Principal Plac	e of Business	2a. Mai	ling Address	· · · · · · · · ·			4. FEI Number			Applied For
21		26					65-0480950		[]	Not Applicable
Suite Apt. #,	etc.	Suit	e, Apt. #, etc.				6. Certificate of Status Desired			Additional Required
City & State 23		City 28	& State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Z _I p	Country 25	Zip		Count	try		8. This corporation has liability for Florida Statutes		tax under	s. 199.032,
	9. Name and Address of Cur		d Agent				10. Name and Address of New Re	gistered /	gent	
SHEFI	FIELD, BILLY M JR.			6	31	Name				
1340 CLYDESDALE DRIVE LOXAHATCHEE FL 33470				8	32	Street Addr	ress (P.O. Box Number is Not Acceptable)			
20,00				8	33					
				8	34	City		FL	85 Zq	p Code
agent Lam SIGNATURE Signature	Juliure, typical or printed namic of payey red	LLL Lagent and lifle if appl	S, 7.	OTE: Registered A	/; ,	LL H	Doration submits this statement for the tion's board of directors. I hereby acce SHEFFIELD red when reinstating)	3/	17/9	7
12.	OFFICERS .	AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
TALE	D		☐ DELETE	1.1 TITU		ļ			Change	e
	SHEFFIELD, BILLY M JR.			1.2 NAM						
	1340 CLYDESDALE DRIVE			1,3 STAE	-					
	LOXAHATCHEE FL 33470		DELETE	1.4 CtTY		ZIP			☐ Change	e Addition
	SHEFFIELD, JILL H		L. DECENE	2.1 TITLI 2.2 NAM					LLI Grange	, El vanian
	1340 CLYDESDALE DRIVE					poncee				
i i	LOXAHATCHEE FL 33470			1		DORESS				
CHY-ST-ZiP TiTLE	LOWINIONEL IL COTTO		DELETE	2 4 CiT1 31 TIYL	_	-ZIP			Change	e Addition
NAME				3.2 NAM						
STREET ADDRESS				1		DDRESS				
CiTy - ST - ZIP				3.4. CITY		: 1				
TITLE		·····	DELETE	4.1 TIEL		1			☐ Change	e Addition
NAM!				4. 2 NAM	ME					
STREET ADDRESS				4,3 STA	EET A	DRESS				
CITY - S1 - 20P				4,4 CITY	Y-\$T-	-ZIP				
Tillef			DELETE	5.1 TITL	E				Change	e 🔲 Addition
NAME				5.2 NAM	Æ	1				
STREET ADDRESS				5 3 STRI	EET A	IDDRESS				
CITY-S1-ZiP				5.4 City	Y- ST-	- ZIP				
1111.1	37AM		☐ DELETE	6.1 TITL	E				Change	e 🔲 Addition
NAME				6.2 NAM	νE	Ì				
STREET ADORESS				6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP				6.4 CITY						
1 44 So horoby	continues the information cont	sliget with this file	ing door not au	alifu for the o	wan	abtion atata	d in Section 110 07(3Vi) Florida Statute	a I furtha	contifu th	et the

information indicated on this annual report or 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 a statachment with an address.