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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047780 (7)

SUWANNEE RIVER VALLEY FARMS INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business	Mailing Add	iress			
1717 APALACHEE PARKWAY. #448	_		#440		
1717 APALACHEE PARKWAY. #448 1717 APALACHEE PARKWAY TALLAHASSEE FL 32301 TALLAHASSEE FL 32301			# 740		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 05/31/1996
2. Principal Place of Business	2a. Mailing /	Addros s			4. FEI Number Applied For
21	26				59-3386811 Not Applicable
Suite, Apt. #, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & St	ate			6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip Country	Zip		Country	,	8. This corporation owes or has paid the current year Intangible
24 25	29	30			Personal Property Tax due June 30. 🛛 Yes 🔲 No
9. Name and Address of Currer	t Registered Age	ent		,	10. Name and Address of New Registered Agent
Quintero, Sharon a			81	Name	e
1717 APALACHEE PARKWAY, #448			82 Street Address (F.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			L		
			63		
			84	City	85 Zip Code
			"	l City	FL S Z COOK
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, I	Florida Statules, t	he abov	e-name	ed corporation submits this statement for the purpose of changing its registered
agent. I am familiar with, and accept the oblig	of Fiorida, Such dations of, Section	change was autho 607.0505, Florida	orizeo bi Stat∪te	y tne co s.	prporation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered age					ure required when re-installing) DATE
	D DIRECTORS		13.	on a grade	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TITLE		Change Addition
NAME QUINTERO, MARC Z			1.2 NAME		
STREET ADDRESS 1717 APALACHEE PARKWAY	/. # 448		1.3 STREET	ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301	• • • • • • • • • • • • • • • • • • • •		1.4 CITY-5		
TITLE ST		DELETE	2.1 TITLE	, L.1/	Change Addition
NAME QUINTERO, SHARON A	_		2.2 NAME		
STREET ADDRESS 1717 APALACHEE PARKWAY	/. # 448		2.3 STREET	ADDRESS	·
CITY-ST-ZIP TALLAHASSEE FL 32301	.,		2. 4 CITY-		
TITLE	1	DELETE	3.1 TITLE	U L"	Change Addition
NAME	_		3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	,
CITY-ST-ZIP			3.4. CITY-1		-
TITLE			4.1 TITLE	01 411	Change Addition
NAME	_		4. 2 NAME		
STREET ADDRESS			4.3 STREET		,
CITY-ST-ZIP			4.4 CITY-5		`
TITLE	Т	DELETÉ	5.1 TITLE)1 * £#F	☐ Change ☐ Addition
NAME	_		5.2 NAME		
				ADDOCCO	
STREET ADDRESS		I	5.3 STREET		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY - 5	51-ZIP	Change Addition
TITLE	L		6.1 TITLE		
NAME			6.2 NAME		<u> </u>
STREET ADDRESS		I	6.3 STREET		8
CITY-ST-ZIP			6.4 CITY - 9	31 - 7IP	- 1

4. Thereby 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.

4/27/98