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

**PROFIT CORPORATION** ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000012468 (9)

SILVERSMITH FARMS, INC.

Principal Place of Business

100-00UTH KNOWLES-AVENUE

Mailing Address

160 SOUTH KNOWIZES AVENUE SHITE 7

## **FILED** May 19 1998 8:00am Secretary of State



SHITE-7 DO NOT WRITE IN THIS SPACE WINTER PARK FL 92789 WINTER PARK FL 32789 3. Date Incorporated or Qualified 02/07/1997 Mailing Address 1245 Hou 2. Principal Place of Business Applied For 1245 Howell Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible USA Yes ☐ No Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 INFANTINO, THOMAS V 180 **SOUTH KNOWLES AVENUE** 82 83 WINTER PARK FL 32789 84 MOL 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 about, 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 lamiliar with any accept the or heatings of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1.1111.6 TITI F INFANTINO, THOMAS V NAME 1.2 NAME 180 SOUTH KNOWLES AVENUE, SUITE 7 STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 1.4 CITY - ST - ZIP CITY-ST-ZIF P & D **X** Change DELETE Addition TITLE 2.1 TITLE Richard T. Coley 1245 Howell Point NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS Winter Park, Florida -5706 CITY-ST-ZIP 2. 4 CITY - ST- 2IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied entral 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.