


<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>			FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000067139</b> 1. Corporation Name <b>SAND RIVER FARMS, INC.</b>				
Principal Place of Business 1801 KENT ROAD CHIPLEY FL 32428		Mailing Address 1801 KENT ROAD CHIPLEY FL 32428		
DO NOT WRITE IN THIS SPACE				
3. Date Incorporated or Qualified <b>07/28/1998</b>				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>54-3525940</b>
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent <b>BATEMAN, TOMMY D</b> <b>1801 KENT ROAD</b> <b>CHIPLEY FL 32428</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small>				
OFFICERS AND DIRECTORS				
12. TITLE: OWNER <input type="checkbox"/> DELETE NAME: Doyle Bateman STREET ADDRESS: 1801 Kent Road CITY-ST-ZIP: Chipley FL 32428				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 15. NAME: 16. STREET ADDRESS: 17. CITY-ST-ZIP:				
18. TITLE: <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition 19. NAME: 20. STREET ADDRESS: 21. CITY-ST-ZIP:				
22. TITLE: <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition 23. NAME: 24. STREET ADDRESS: 25. CITY-ST-ZIP:				
26. TITLE: <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition 27. NAME: 28. STREET ADDRESS: 29. CITY-ST-ZIP:				
30. TITLE: <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition 31. NAME: 32. STREET ADDRESS: 33. CITY-ST-ZIP:				

CR2E034 (11/98)

14. I 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, with all other like empowered

**SIGNATURE: x** *Tommy D Bateman* **1-10-99** **638-7851**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #