PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANN	NNUAL REPORT Secre		Secretary of	rine Harria ary of State CORPORATIONS			And the second s
DOCUMENT # P98000067139 1. Corporation Name SAND RIVER FARMS, INC.							
Principal Place of Business Mailing Address 1801 KENT ROAD 1801 KENT ROAD CHIPLEY FL 32428 CHIPLEY FL 32428							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/28/1998
Principal Place of Business 2a. Mailing Address 25							4. FEI Number Applied For S4 - 3525940 Not Applied be
Suite, Apt. #, etc. Suite 22 27			ite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
23 28			ity & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
2ip 24	Country Zip C 25 29 30 9. Name and Address of Current Registered Agent			Cour	ntry		8. Yhis corporation owes the current year Intangible Personal Proporty Tax.
Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.					_ -	City named corporation	ration submits this statement for the purpose of changing its registered his board of directors. I hereby sceept the appointment as registered
SIGNATURE	Signature, typed or printed name of	registered agent and title d applicat	No (NOTE: Plas	stared.	Agent e	grullura required	when reinetating) DATE
12.		ICERS AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change	
TITLE NAME STREET ADDRESS	DELETE		1.4 City-St.ZP 2 1 Title 2 2 Name 2.3 Street address			☐ Change ☐ Addition C	
CITY-ST-ZIP TITLE NAME BTREET ADDRESS			DECETE	3.1 TITL 3.2 NAA			☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			[34 ÇIT 41 TITL 4 2 NAJ 4.3 STR	ME		Change Addition
TITLE NAME STREET ADDRESS			f	5 1 TITL 5 2 NAW 5 3 S 1 H	Æ FFT AN	044:SS	Charge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	5 4 CITY 6 1 THT. 6 2 NAM 6 3 STR	E E		☐ Change ☐ Addition
CITY-ST-ZIP	erbfy that the information B	upplied with this filling doe		8 + CITY exem		. 1	ction 119.07(3Xi), Florida Statutes, I further certify that the Information