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

PROFIT CORPORATION ANNUAL REPORT

1997



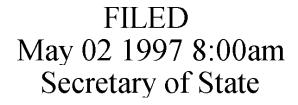
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00353

(0)

SWEET BAY FARM, INC.





Principal Place of Business 7425 CALVIN LEE ROAD GROVELAND FL 34736			Mailing Address 7425 CALVIN LEE ROAD GROVELAND FL 34736-9497									
							3. Date Incorporated or Qualified 09/13/1990		ite of Le 30/199		porl	
2. Principal Place of Business 21			26. Mailing Address 26				4. FEI Number Applied NOT APPLICABLE Not App				lied For Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State			City & State				Election Campaign Financing Trust Fund Contribution	cing \$5.00 May Be Added to Fees				
Zip 24	Country 25	29				·	8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes					
	9. Name and Address of Currer	nt Regi	istered Agent		Ļ.,	1 	10. Name and Address of New Re	gistered	Agent			4
LEW	is, albert L				81	Name						
	E PINE ST #1322				82	Street A	ddress (P.O. Box Number is Not Acceptable)				1	
ORLANDO FL 32801											1	
					83	City			85	Zip Ci	ode	1
					L			FL	1 1	•		
11. Pursuent to office or reagent. I as	o the provisions of Sections 607.050 agistered agent, or both, in the State m familiar with, and accept the oblig	2 and 6 of Flor ations o	607,1508, Florida Statu rida. Such change was of, Section 607.0505, Fl	tes, the a authorize lorida Sta	bove d by tute:	e-named c y the corpo s.	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of pt the app	changi ointmer	ng its it as ri	registered egistered	
SIGNATURE	Signature, typed or printed name of registered ag-	ont and tit	te if anut cable (NO	1E Registore	d Age	ent signature to	rquired when reinstalling)	DATE				
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC		DIREC	TORS	IN 12	Í	
TITLE	P		DELETE	1.1 10	1.1 TITLE				Cha	nge	Addition	90/0
NAME	LEWIS, LISA N.			1.2 N	AME							2
STREET ADDRESS	201 E PINE ST #1322					ADDRESS						ľ
CITY-ST-ZIP	ORLANDO FL			1.4 C	(1Y - S	31 - 21P]2
TITLE	S		☐ DELETE	2.1 78	ΠLE	\			Cha	nge	Addition	10
NAME	LEWIS, ELIZABETH W			2.2.N	AME							
STREET ADDRESS	2022 MONTANA AVE			2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL					ST-ZIP						1
TITLE	A TEMANO VIDEDA I								Cha	nge	Addition	
NAME	LEWIS, ALBERT L 2022 Montana ave					}						1
STREET ADDRESS	ORLANDO FL					ADDRESS						
CITY-ST-ZIP	VINDAIDO I L		DELETE			ST-ZIR			☐ Cha		Addition	4
TITLE			⊢ ntrug	4.17					L Ulla	oye	L_3 Addition	
CTDEET ADDRESS				4.21		ADDRESS						
STREET ADDRESS				•		ADDRESS						-
CITY-ST-ZIP TITLE			DELETE	5,11		ST-ZIP			Cha	nge	Addition	1
NAME			<u></u>	5.2 NAME						<i>a</i> .		
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						ST-ZIP						
TITLE			☐ DELFTE	6.1 1					Cha	nge	Addition	1
NAME				6.2 N	AME)						Ì
STREET ADDRESS						ADDRESS						
CHY-ST-ZIP						ST - 7IP					_	
												_

I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, oyon an attachment with an address.