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FILED
Feb 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S18055**

1. Corporation Name
S. C. G. FARMS, INC.

Principal Place of Business

~~505 DELTONA BLVD~~
~~STE 104 & 105~~
~~DELTONA FL 32726~~
US

Mailing Address

~~% SHALETT & SHALETT~~
~~505 DELTONA BLVD~~
~~DELTONA FL 32725~~
US

2. Principal Place of Business

21 **123 VIA CAPRI**

Suite, Apt. #, etc.

22

City & State

23 **NEW SMYRNA Bch.**

Zip Country
24 **32169** 25 **us** 26 **FL.**

2a. Mailing Address

26 **P.O. BOX 1211**

Suite, Apt. #, etc.

27

City & State

28 **NEW SMYRNA Bch., FL**

Zip Country
29 **32169** 30 **USA**

9. Name and Address of Current Registered Agent

SHALETT, CHARLES
505 DELTONA BLVD.
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1990

4. FEI Number

59-3042113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

123 VIA CAPRI

83

84 City

NEW SMYRNA BEACH

85 Zip Code

FL 32169

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 **Stephen C. Glenn**

(NOTE: Registered agent's signature required when registering)

DATE

1-28-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **GLENN, C. STEPHEN**
CITY-ST-ZIP **BOX 45F RD #2**
SEAFORD DE 19973

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

Daytime Phone #

CR2E034 (11/98)