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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 01 1997 8:00am Secretary of State

DOCUMENT # S48932	2					
SASSY FARMS, INC.						
Principal Place of Business	Mailing Address			· in a sentendendendenden bin		
801 N. FRANKLIN ST. -717 TAMPA FL 33607	601 N. FRANKLIN ST. 707 Tampa fl 33602-4438					
US	US)ละ อันิลัก Rennt / 11/1996	
2 Frincipa Place of Business	Mailing Address			4. FEI Number	Applied For	
1 SASSY FARMS INC.	26 601 N. Franklin St.			59-3128404	Not Applicable	
Suite, Apt W. etc 2 707	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 3 Tampa, FL	Criy & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 4 33602 25 USA	Zip Country 30		This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MCCALL, RONALD, D.		81	Name	\$		
601 NORTH FRANKLIN STREET SUITE 707		82	Street Addr	et Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33602		83				
		84	City	FL	85 Zip Code	
 Pursuant to the provisions of Sections 60: 09 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli- 	502 and 607.1508, Florida Statutes, the of Florida Such change was authorigations of, Section 607.0505, Florida	ie abov srized b Statute	e-named corp y the corporati s.	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	ol changing its registered pointment as registered	

SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS CHANGES TO OFFICERS AND EIFECTURE IN 12. OFFICERS AND DIRECTORS 13. TITLE 11 TITLE Change NAME MCCALL, RONALD 1.2 NAME 601 NORTH FRANKLIN STREET, SUITE # 707 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 21 TITLE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change 31 TIRE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-\$1-7(P 3.4 CITY-ST-ZIF neil-bbA [___ DELETE Chang: TILLE 41 TITLE 4, 2 NAML STREET ADDRESS 43 STREET ADDRESS C11Y - S1 - 21P 4.4 CITY-ST-ZIP DELETE TITLE 5 1 TITLE 52 NAME STREET ADDRESS 5:3 STREET ADDRESS C'TY-51-21F 5 4 CITY-ST-ZIP DELETE 500002165655 64 TITLE NAME -05/05/97--01039--043 62 NAME STREET ADDRESS 63 STREET ADDRESS ***165.00 ERCBY-S1-Z#

To 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 33 if changed, or on an address.