

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V14891 (8)

1. Corporation Name  
NEW DAY FARMS, INC.

Principal Place of Business

ROUTE 2, BOX 83  
QUINCY FL 32353

Mailing Address

ROUTE 2, BOX 83  
QUINCY FL 32351-9006



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

05/01/1996

4. FCI Number

59-3104914

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

RICHMOND, HAROLD S.  
227 E JEFFERSON ST.  
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
SCRUGGS, LINDA  
ROUTE 2, BOX 83  
QUINCY FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPST  
SCRUGGS, JOHNNY  
ROUTE 2, BOX 83  
QUINCY FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

12 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

13 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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28 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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29 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

30 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

14. 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 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.

SIGNATURE

*[Signature]*

4-11-97

1-904

627-6315

CR2E034 (9/96)