

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

FILED

Feb 14 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 # 011946 (1)

1. Corporation Name
PIEDMONT FARMS, INC.



Principal Place of Business: 569 EDGEWOOD AVE., SOUTH JACKSONVILLE FL 32205
Mailing Address: 569 EDGEWOOD AVE., SOUTH JACKSONVILLE FL 32205-5332

3. Date Incorporated or Qualified 03/06/1923	3a. Date of Last Report 04/24/1996
4. FEI Number 59-0411925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
---	--

9. Name and Address of Current Registered Agent
MCARTHUR, D W
569 EDGEWOOD AVE., SOUTH
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent 81 Name D. W. MC. ARTHUR III 82 Street Address (P.O. Box Number is Not Acceptable) 569 EDGEWOOD AVE SOUTH 83 84 City JACKSONVILLE, FL 85 Zip Code 32205

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]* D. W. MC. ARTHUR III 2-5-97 904 388
Signature typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 3561

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	MCARTHUR, W. A.	
STREET ADDRESS	3844 TIMUQUANA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPST	<input type="checkbox"/>
NAME	MCARTHUR, D.W. III	
STREET ADDRESS	4835 ARAPAHOE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	HERLONG, CHARLES W. III	
STREET ADDRESS	4051 BARCELONA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	STEWART, MARGARET WADE	
STREET ADDRESS	RT. 2, BOX 78	
CITY-ST-ZIP	ENOREE SC	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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]* D. W. MC. ARTHUR III 904 388 3561
Signature typed or printed name of signing officer or director Date III Daytime Phone #

CR2E034 (9/96)