## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

339157

(0)

PERKINS FARMS, INC.

Principal Place	of Business	Mailı	Mailing Address					1881 81911 81	141 <b>VIVII BIB</b> II	JISH BIOG <b>Jeo</b> l
111 FAIRWAYS LANE ROYAL PALM BEACH FL 33411			111 FAIRWAYS LANE ROYAL PALM BEACH FL 33411							
							3. Date Incorporated or Qualified 12/19/1968		e of Last Re 5/01/199	•
2. Principal Place of Business			2a. Mailing Address							Applied For
21			26							Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27				5. Certificate of Status Desired			Additional Required
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	29	Zip Country				This corporation has liability for intangible tax under s 199.032,     Florida Statutes			
	9. Name and Address of Cur	rrent Registe	red Agent				10. Name and Address of New F	legistered	Agent	
					81	Name				
Perkins, Kendra J.						Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
ROYAL PALM BEACH, FL.										
ROYAL PALM BEACH FL 33411										
					84	City		FI	85 Zij	p Code
familiar wit	th, and accept the obligations of, S Signature typed or printed here of registaries	agenta ditse napa	pisabie (NC	Olt Regelered	Agen	it signature requiri	ed when reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECT		13.			ADDITIONS/CHANGES TO OFF		DIRECTO	Addition
TITLE	PD PENNING MENIODA I	DELETE		1. 1 TI 1.2 NA					стыпус	[_] Addition
NAME OTOGET ADDRESS	PERKINS, KENDRA J 111 FAIRWAYS LANE					ADDRESS				
STREET ADDRESS	ROYAL PALM BEACH FL			1.3 SII						
CITY-ST-ZIP TITLE	S		DELETE 2.1			11-21			Change	☐ Addition
NAME	PERKINS, STACEY L		_	2 2 NA					-	_ <del>-</del>
STREET ADDRESS	111 FAIRWAYS LANE			2 3 ST	AEET	ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL			2.4.01	IY-S	ST - ZIP				
TITLE			☐ DELETE	3 1 TH					Change	Addition
NAME	į			3 2 NA	ME					
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP		M2 178 11 71 F 77 77 77 77 77 77 77 77 77 77 77 77 7	[] bc/ crc	3 4 C		S1 - 71F			Change	Addition
THLE	,		DELFTE	4 1 Ji					Change	☐ Modition
NAME				4 2 NA		E A POPULATION				
STREET ADDRESS						T ADDRESS				
CITY+ST-ZIP TITLE			DELETE	4 4 UF		ST-7IP			☐ Change	Addition
NAME				5 2 NA					•-	_
1450AVE	1			3211		1				

14. I do hereby certify that the information supplied with this filing is vo'untarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 comporation or the regeiver or trustee empowered to a secure 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

Day of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 4 CITY - ST - ZIP

6 1 III LE

62 NAME 6.3 STREET ADDRESS

53 STREET ADDRESS 5.4 CITY - ST - 2IP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE NAME

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

Add-tion