

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

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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90046 036 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 339157**

1. Corporation Name  
**PERKINS FARMS, INC.**

Principal Place of Business 13801 HWY 441 SE #253 OKEECHOBEE FL 34974 US	Mailing Address PO BOX 267 OKEECHOBEE FL 34973-267 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>Same as above</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>13801 HWY 441 SE #253</u> Suite, Apt. #, etc.
22 City & State	27 City & State
23 <u>Okeechobee, FL 34974</u>	28 <u>Okeechobee, FL 34974</u>
24 Zip <u>34974</u> Country	29 Zip <u>34974</u> Country

3. Date Incorporated or Qualified <b>12/19/1968</b>	
4. FEI Number <b>59-1264886</b>	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORBIN, KENDRA J**  
**13801 HIGHWAY 441 SE LOT 253**  
**OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 Kendra J. Corbin, President *Kendra J. Corbin* 3/12/99  
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	PD	<input type="checkbox"/> DELETE
NAME	CORBIN, KENDRA J	
STREET ADDRESS	13801 HWY 441 SE #253	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PERKINS, STACEY L	
STREET ADDRESS	13801 HWY 441 SE #253	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Jennifer L. Perkins	
STREET ADDRESS	13801 HWY 441 SE #253	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kendra J. Corbin* **3/12/99** **561-924-7113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)