

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006362 (7)**

1. Corporation Name

ELMENDORF FARM, INC.



Principal Place of Business

Mailing Address

3931 PARIS PIKE
LEXINGTON KY 40511

KENT FARMS
PO BOX 2110
MIDDLEBURG VA 22117
US

3. Date Incorporated or Qualified
12/14/1994

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

City & State

23

Zip

County

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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 of the current registered agent of the corporation

Signature of the new registered agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input type="checkbox"/> DELETE
NAME	COOKE, JACK K	
STREET ADDRESS	KENT FARMS	
CITY-ST-ZIP	MIDDLEBURG VA 22117	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	COOKE, JOHN K SR	
STREET ADDRESS	KENT FARMS	
CITY-ST-ZIP	MIDDLEBURG VA 22117	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WISER, WANDA G	
STREET ADDRESS	KENT FARMS	
CITY-ST-ZIP	MIDDLEBURG VA 22117	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COOKE, RALPH KENT SR.	
STREET ADDRESS	3931 PARIS PIKE	
CITY-ST-ZIP	LEXINGTON KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Phaup, Lee Timmerman	
3. STREET ADDRESS	Kent Farms	
4. CITY-ST-ZIP	Middleburg VA 22117	
2. TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Salazar, Vincent D	
3. STREET ADDRESS	Kent Farms	
4. CITY-ST-ZIP	Middleburg VA 22117	
3. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	Haney, Stuart A	
3. STREET ADDRESS	Kent Farms	
3. CITY-ST-ZIP	Middleburg VA 22117	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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:

Lee Timmerman Phaup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lee Timmerman Phaup, Secretary

1/20/96

(540) 687-4000

Daytime Phone #

CR2E034 (12/95)