

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000052596 (0)**  
1. Corporation Name

**KENNY FOY FARMS, INC.**



Principal Place of Business: **4605 FORT HAMER ROAD PARRISH FL 34219**  
Mailing Address: **4605 FORT HAMER ROAD PARRISH FL 34219**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/03/1995</b>	3a. Date of Last Report
21		26		4. FEI Number <b>65-663532</b>	Applied For Not Applicable
22. Suite, Apt #, etc		27. Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FOY, KENNETH H 4605 FORT HAMER ROAD PARRISH FL 34219</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President, Vice President	<input type="checkbox"/>	DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Kenneth H Foy			12 NAME			
STREET ADDRESS	4605 Ft Hamer Rd			13 STREET ADDRESS			
CITY-ST-ZIP	Parrish, FL 34219			14 CITY-ST-ZIP			
TITLE	Secretary - Treasurer	<input type="checkbox"/>	DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Stacie Foy			22 NAME			
STREET ADDRESS	4605 Ft Hamer Rd			23 STREET ADDRESS			
CITY-ST-ZIP	Parrish, FL 34219			24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME	<b>300001905243</b>		
STREET ADDRESS				53 STREET ADDRESS	<b>-07/26/96--01011--041</b>		
CITY-ST-ZIP				54 CITY-ST-ZIP	<b>***225.00</b>		
TITLE		<input type="checkbox"/>	DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE: Kenneth H Foy Date: 7-5-96 941-716-8533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)