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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 14 1997 8:00am  
Secretary of State

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

59-0411825

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCARTHUR, D W  
569 EDGEWOOD AVE., SOUTH  
JACKSONVILLE FL 32205

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

D. W. MC. ARTHUR III 2-5-97 904 388

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3561

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME MCARTHUR, W. A.  
STREET ADDRESS 3844 TIMUQUANA ROAD  
CITY- ST- ZIP JACKSONVILLE FLTITLE VPST ☐ DELETENAME MCARTHUR, D.W. III  
STREET ADDRESS 4835 ARAPAHOE AVENUE  
CITY- ST- ZIP JACKSONVILLE FLTITLE D ☐ DELETENAME HERLONG, CHARLES W. III  
STREET ADDRESS 4051 BARCELONA AVE.  
CITY- ST- ZIP JACKSONVILLE FLTITLE D ☐ DELETENAME STEWART, MARGARET WADE  
STREET ADDRESS RT. 2, BOX 78  
CITY- ST- ZIP ENOREE SCTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. W. MC. ARTHUR 904 388 3561

Date

III

Daytime Phone #

CR2E034 (9/96)