

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # 186236

(6)

1. Corporation Name

WEDGWORTH FARMS INC

Principal Place of Business

**651 N.W. 9TH STREET
P.O. BOX 2076
BELLE GLADE FL 33430**

Mailing Address

**651 N.W. 9TH STREET
P.O. BOX 2076
BELLE GLADE FL 33430-7076**



3. Date Incorporated or Qualified

06/30/1955

3a. Date of Last Report

05/01/1996

4. FEI Number

59-0695314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MCCRACKEN, JOHN B.
505 S. FLAGLER DR., STE. 1100
P. O. DRAWER E
WEST PALM BEACH FL 33402**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ST ☐ DELETE
NAME **MCCROAN, ERNEST J.(ASST)**
STREET ADDRESS **134 SO. ROYAL PALM DR.**
CITY-ST-ZIP **BELLE GLADE FL**

VD ☐ DELETE
NAME **BOYNTON, HELEN J**
STREET ADDRESS **1140 COUNTRY CLUB CIRCLE**
CITY-ST-ZIP **N. PALM BEACH FL**

PD ☐ DELETE
NAME **WEDGWORTH, GEORGE H**
STREET ADDRESS **EAST PALM BEACH RD.**
CITY-ST-ZIP **BELLE GLADE FL**

STD ☐ DELETE
NAME **OETZMAN, BARBARA A**
STREET ADDRESS **1071 FAIRVIEW LN.**
CITY-ST-ZIP **RIVIERA BEACH FL**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

CR2E034 (9/96)