

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002592

Entity Name: KIRBY FAMILY FARM, INC.**Current Principal Place of Business:**19630 NE 30TH STREET
WILLISTON, FL 32696**Current Mailing Address:**P.O. BOX 71
WILLISTON, FL 32696 US**FEI Number:** 46-1963059**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLOYD, LENORA
19630 NE 30TH STREET
PO BOX 71
WILLISTON, FL 32696 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	KIRBY, DARYL S
Address	P.O. BOX 71
City-State-Zip:	WILLISTON FL 32696

Title	VP
Name	KIRBY, TRACY
Address	P.O. BOX 71
City-State-Zip:	WILLISTON FL 32696

Title	T
Name	QUAST, WILLIAM H
Address	8730 SW 56TH AVENUE ROAD
City-State-Zip:	OCALA FL 34476

Title	A
Name	SMITH, JAMES H
Address	P.O. BOX 2298
City-State-Zip:	CHIEFLAND FL 32644

Title	O
Name	GREENLEE, BRUCE A
Address	492 E. MAIN STREET
City-State-Zip:	BRONSON FL 32621

Title	D
Name	SMITH, WHITNEY
Address	P.O. BOX 2298
City-State-Zip:	CHIEFLAND FL 32644

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARYL S KIRBY**PRESIDENT****03/14/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date