

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 011946

Entity Name: PIEDMONT FARMS, INC.**Current Principal Place of Business:**569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205**Current Mailing Address:**569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205 US**FEI Number:** 59-0411925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** /S/ MADONNA CUDDIHY, ASSISTANT SECRETARY

01/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | PD |
| Name | MCARTHUR, WILLIAM A JR. |
| Address | 569 EDGEWOOD AVENUE SOUTH |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|-----------------|---------------------------|
| Title | VP |
| Name | EXLINE, RICHARD A |
| Address | 569 EDGEWOOD AVENUE SOUTH |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|-----------------|---------------------------|
| Title | VP |
| Name | MCARTHUR, DONALD W. IV |
| Address | 569 EDGEWOOD AVENUE SOUTH |
| City-State-Zip: | JACKSONVILLE FL 32205 |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD EXLINE

VP

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date