

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 186236

Entity Name: WEDGWORTH FARMS INC**Current Principal Place of Business:**651 N.W. 9TH STREET
BELLE GLADE, FL 33430**Current Mailing Address:**P.O. BOX 2076
BELLE GLADE, FL 33430**FEI Number:** 59-0695314**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEDGWORTH, DENNIS G
651 NW 9TH STREET
BELLE GLADE, FL 33430 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 ST
Name SUAREZ, JORGE AASST
Address 13841 GERANIUM PLACE
City-State-Zip: WELLINGTON FL 33414

Title STD
Name OETZMAN, BARBARA A
Address 1071 FAIRVIEW LANE
City-State-Zip: RIVIERA BEACH FL 33404

Title DIRECTOR
Name BOYNTON, BENJAMIN
Address 1776 ARABIAN DRIVE
City-State-Zip: LOXAHATCHEE FL 33470

Title VP
Name STEIN, ROY STEWART
Address PO BOX 878
City-State-Zip: BELLE GLADE FL 33430

Title VD
Name BOYNTON, WAYNE A
Address PO BOX 1428
City-State-Zip: LOXAHATCHEE FL 33470

Title COBD, PD
Name WEDGWORTH, DENNIS G
Address 13643 STAIMFORD DR
City-State-Zip: WELLINGTON FL 33411

Title DIRECTOR
Name ALTMAN, THOMAS
Address 1000 NE 2ND STREET
City-State-Zip: BELLE GLADE FL 33430

Title VP
Name WEDGWORTH, DOUGLAS KEITH
Address 1294 BRAMPTON COVE
City-State-Zip: WELLINGTON FL 33414

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: JORGE A. SUAREZ JR.**ASST
SECRETARY/TREASURER****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date