

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 011946 (1)

1. Corporation Name

PIEDMONT FARMS, INC.

95 MAY -1 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**569 EDGEWOOD AVE., SOUTH
JACKSONVILLE FL 32205**

Mailing Address

**569 EDGEWOOD AVE., SOUTH
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/06/1923

3a. Date of Last Report

04/21/1994

4. FEI Number

59-0411925

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

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PO

NAME

MCARTHUR, W. A.

STREET ADDRESS

3844 TIMUQUANA ROAD

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

VPST

NAME

MCARTHUR, D.W. III

STREET ADDRESS

4835 ARAPAHOE AVENUE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

HERLONG, CHARLES W. III

STREET ADDRESS

4051 BARCELONA AVE.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

STEWART, MARGARET WADE

STREET ADDRESS

RT. 2, BOX 78

CITY - ST - ZIP

ENOREE SC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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