

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

FILED  
Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 262232 (2)

1. Corporation Name  
**KNIGHT FARMS, INC.**

Principal Place of Business

**355 EVERGREEN DR  
LAKE PARK FL 33403**

Mailing Address

**355 EVERGREEN DR  
LAKE PARK FL 33403-3411**



3. Date Incorporated or Qualified  
**08/27/1962**

3a. Date of Last Report  
**02/23/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

**59-1006907**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**KNIGHT, FRANCES  
355 EVERGREEN DRIVE  
LAKE PARK FL 33403**

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 fee, if applicable

(NOTE: Ring-stored Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                    | STREET ADDRESS                     | CITY - ST - ZIP | DELETE                   |
|-------|-------------------------|------------------------------------|-----------------|--------------------------|
| PTD   | KNIGHT, FRANCES         | 355 EVERGREEN DR<br>LAKE PARK FL   |                 | <input type="checkbox"/> |
| VD    | KNIGHT, THURMOND W., JR | RT. 2, BX 38<br>GLOVAR VT          |                 | <input type="checkbox"/> |
| SD    | HELMS, SUSAN K          | 861 W JASMINE DR<br>LAKE PARK FL   |                 | <input type="checkbox"/> |
| VD    | KNIGHT, JEFFREY NEIL    | P.O. BOX 19751 N/A<br>ASHEVILLE NC |                 | <input type="checkbox"/> |
|       |                         |                                    |                 | <input type="checkbox"/> |
|       |                         |                                    |                 | <input type="checkbox"/> |
|       |                         |                                    |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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.

**Frances Knight**  
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

561-848-2682

Date

Daytime Phone #

0296673

CR2E034 (9/96)