

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1962

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1006907	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD KNIGHT, FRANCES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	355 EVERGREEN DR	1.2 NAME	
STREET ADDRESS	LAKE PARK FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KNIGHT, THURMOND W., JR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 2, BX 36	2.2 NAME	
STREET ADDRESS	GLOVAR VT	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HELMS, SUSAN K	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	861 W JASMINE DR	3.2 NAME	
STREET ADDRESS	LAKE PARK FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD KNIGHT, JEFFREY NEIL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 19751 N/A	4.2 NAME	
STREET ADDRESS	ASHEVILLE NC	4.3 STREET ADDRESS	3966 Sugar Creek Dr., Apt. 418,
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winston Salem, N.C. 27106
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

SIGNATURE: Frances Knight *Frances Knight Pres.* 2/25/98 561-848-2682

CR2E034 (10/97)