

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90057 022 ***150.00

DOCUMENT # **262232**

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

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 owes the current year Intangible
Personal Property Tax. **Paid** ☒ Yes ☐ No

2. Principal Place of Business

21 8495 Beaconhill Rd.,

Suite, Apt. #, etc.

2a. Mailing Address

26 8495 Beaconhill Rd.,

Suite, Apt. #, etc.

City & State

23 Palm Beach Gardens, Fl

Zip

24 33410

Country

25 U.S.A.

City & State

28 Palm Beach Gardens, Fl

Zip

29 33410

Country

30 U.S.A.

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

Same

82 Street Address (P.O. Box Number is Not Acceptable)

8495 Beaconhill Rd.,

83

Palm Beach Gardens, Fl.

84 City

33410

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

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **KNIGHT, FRANCES**
CITY-ST-ZIP **355 EVERGREEN DR**
LAKE PARK FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **KNIGHT, THURMOND W., JR**
CITY-ST-ZIP **RT. 2; BX 36**
GLOVAR VT

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **HELMS, SUSAN K**
CITY-ST-ZIP **861 W JASMINE DR**
LAKE PARK FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **KNIGHT, JEFFREY NEIL**
CITY-ST-ZIP **3986 SUGAR CREEK DR, APT 418**
WINSTON SALEM NC 27106

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

8495 Beaconhill Rd.,
Palm Beach Gardens, Fl. 33410

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

385 Hinman-Settlor Rd.,
Glover, Vt. 05839

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VASD

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

8495 Beaconhill Rd.,
Palm Beach Gardens, Fl. 33410

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **Frances Knight**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 561-627-9923

Date

Daytime Phone #

0367012

CR2E034 (11/98)