

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 265908

(4)

Corporation Name

J H W FARMS, INC.



Principal Place of Business

1049 EAST MAIN ST
PO BOX 579
PAHOKEE FL 33476

Mailing Address

1049 EAST MAIN ST
PO BOX 579
PAHOKEE FL 33476-0579

3. Date Incorporated or Qualified
01/07/1963

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1031565

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

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILKINSON, MARGARET S.
1049 EAST MAIN ST
PAHOKEE FL 33476

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

TITLE ☐ DELETE

NAME
PO WILKINSON, MARGARET S.
STREET ADDRESS
1049 E. MAIN ST.
CITY-ST-ZIP
PAHOKEE FL

TITLE ☐ DELETE

NAME
AS UPTHEGROVE, BEVERLY ANN
STREET ADDRESS
707 LAUREL ST
CITY-ST-ZIP
CLEWISTON FL

TITLE ☐ DELETE

NAME
S CONLEY, ADA BUSH
STREET ADDRESS
13800 S.W. CONNER HWY.
CITY-ST-ZIP
OKEECHOBEE FL

TITLE ☐ DELETE

NAME
VD WILKINSON, JAMES A.
STREET ADDRESS
1049 E. MAIN ST.
CITY-ST-ZIP
PAHOKEE FL

TITLE ☐ DELETE

NAME
D GRIFFITH, KATHLEEN W.
STREET ADDRESS
1049 E. MAIN ST.
CITY-ST-ZIP
PAHOKEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Ada Bush Conley

ADA BUSH CONLEY

4-7-97

561-924-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0344213

CR2E034 (9/96)