


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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90046 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 339157					
1. Corporation Name PERKINS FARMS, INC.					
Principal Place of Business 13801 HWY 441 SE #253 OKEECHOBEE FL 34974 US			Mailing Address PO BOX 267 OKEECHOBEE FL 34973-267 US		
2. Principal Place of Business 21 Same as above		2a. Mailing Address 26 13801 HWY 441 SE #253		3. Date Incorporated or Qualified 12/19/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1264886	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Okeechobee, FL 34974		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORBIN, KENDRA J 13801 HIGHWAY 441 SE LOT 253 OKEECHOBEE FL 34974			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 Kendra J. Corbin, President <i>Kendra J. Corbin</i> 3/12/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PD CORBIN, KENDRA J					
1.3 STREET ADDRESS 13801 HWY 441 SE #253					
1.4 CITY-ST-ZIP OKEECHOBEE FL 34974					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME S PERKINS, STACEY L					
2.3 STREET ADDRESS 13801 HWY 441 SE #253					
2.4 CITY-ST-ZIP OKEECHOBEE FL 34974					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME Secretary Jennifer L. Perkins					
3.3 STREET ADDRESS 13801 HWY 441 SE #253					
3.4 CITY-ST-ZIP Okeechobee, FL 34974					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
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4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: *Kendra J. Corbin* **3/12/99**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 **561-924-7113**
Date Daytime Phone #

CR2E034 (11/98)