## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

573313

(4)

DOCUMENT #
1. Corporation Name KAY-LIN HARVESTING CO.

| rincipal Place of Business | Mailing Address       |
|----------------------------|-----------------------|
| 9408 PAYNE RD              | 9408 PAYNE RD         |
| SEBRING FL 33872-9716      | SEBRING FL 33872-9716 |

| SEBUIMO LE 30                              | 012-3/10  | OLDINIO I E W                    | U.E 0110          |   |                                 |   |                           |                             |  |
|--|---|----------------------------------|-------------------|---|---------------------------------|---|---------------------------|-----------------------------|--|
|  |   |                                  |                   |   |                                 | 3. Date Incorporated or 1<br>05/23/1978                       | Dualified                 |                             | of Last Report<br>1/20/1995                          |
| 2. Principal Place                         | of Business   | 2a. Mailing Addres               |                   |   |                                 | 4. FEI Number   |                           |                             | Applied For  |
| 2. 1 (11/6)par 1 1000                      | S CT ESCAMICOC  | 26                               |                   |   |                                 | 59-1827645  |                           |                             | Not Applicable                                       |
| Suite, Apt. #, (                           | etc.  | Suite, Apt. #, (                 | etc.              |   |                                 | 5. Certificate of Status D                                    | esired                    |                             | \$8.75 Additional<br>Fee Required                    |
| City & State                               |   | City & State                     |                   |   |                                 | Election Campaign Fir     Trust Fund Contribute               | -                         |                             | \$5.00 May Be<br>Added to Fees                       |
| Zip<br><b>24</b>                           | Country<br>25   | Zip 29                           | 30                | intry   |                                 | 8. This corporation has l<br>Florida Statutes                 |                           | ntangible ta                | cunder's 199.032,                                    |
|  | 9 Name and Address of Cur   |                                  |                   |   |                                 | 10. Name and Address  | of New R                  | egistered A                 | gent   |
|  | <u> </u>  |                                  |                   | 61  | Name                            |   |                           |                             |  |
| MYERS, C                                   | :.B   |                                  |                   | 82  | Charact Addes                   | on /P.O. Box Number is Not                                    | Accentah                  | dei                         |  |
| 130 E. CENTRAL AVE.<br>LAKE WALES FL 33853 |   |                                  | 82                | Street Address (P.O. Box Number is Not Acceptable |                                 |   |                           |                             |  |
|  |   |                                  |                   | 83  |                                 |   |                           |                             |  |
|  |   |                                  |                   | 84  | City                            |   |                           | FL                          | 85 Zip Code  |
| or registered                              | the provisions of Sections 607.0:<br>Lagent, or both, in the State of F<br>, and accept the obligations of, S | llorida. Such change was a       | authorized by the | corpo   | amed corpora<br>oration's board | ation submits this statement<br>d of directors. I hereby acce | for the pur<br>at the app | rpose of cha<br>ointment as | nging its registered office<br>registered agent. Fam |
| SIGNATURE                                  | when a broad a control many of considerable   | and the straight of the straight | NOTE RESIDEN      | 1 April   | sagnut ne recorded              | (when remotating)   |                           | DAIL                        |  |

| 2.             | OFFICERS AND DIR       | ECTORS          | 13.                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------|------------------------|-----------------|---------------------|---|
| ILE            | VD                     | <b>X</b> DELETE | 1 LTOLE             | Change Addition                                   |
| AME            | PAYNE, MARY E          |                 | 1.2 NAME            |   |
| REET ADDRESS   | 9314 PAYNE ROAD        |                 | 1.3 STREET ADDRESS  |   |
| ry - ST - ZIP  | Sebring Fl.            |                 | 14 City - ST-ZIP    |   |
| LE .           | PD                     | DELETE          | 2 1 TITLE           | Change Addition                                   |
| ME             | Payne, Kelsey Floyd II |                 | 2.2 NAME            |   |
| REE1 ADDRESS   | 9404 PAYNE ROAD        |                 | 2.3 STREET ADDRESS  |   |
| TY-ST-ZIP      | Sebring Fl             |                 | 2.4.0/1Y-ST-ZIP     |   |
| TLE            | SID                    | DELETE          | 3 1 Title           | ☐ Change ☐ Addition                               |
| AME            | PAYNE, BEVERLY         | -               | 3.2 NAMÉ            |   |
| REET ADDRESS   | 9404 PAYNE ROAD        |                 | 3.3 STREET ADDRESS  |   |
| ITY - ST - ZIP | Sebring Fl             |                 | 3 4 CITY - ST - ZIP |   |
| TLE            | STD                    | ☐ DELETE        | 4 1 TITLE           | ☐ Change ☐ Addition                               |
| AME .          | Payne, Linda M. (ASST) |                 | 4.2 NAME            |   |
| REET ADDRESS   | 9404 PAYNE ROAD        |                 | 4.3 STREET ADDRESS  |   |
| TY-ST-ZIP      | SEBRING FL             |                 | . 4.4.0 (TY+ST-ZiP  |   |
| TLE            |                        | DELETE          | 5 1 TITLE           | Change Additi                                     |
| AME            |                        |                 | 5.2 NAME            |   |
| TREET ADDRESS  |                        |                 | 5.3 STREET ADDRESS  |   |
| TY - S1 - 2IP  |                        |                 | 5 4 C(TY - ST - Z(P |   |
| TLE            |                        | ☐ DELETE        | 6 1 TITLE           | Change Additi                                     |
| AME            |                        |                 | 6 2 NAME            |   |
| TREET ADORESS  |                        |                 | 6.3 STREET ADDRESS  |   |
| DITY - ST-ZIP  |                        |                 | 64 CITY - S1 - ZIP  |   |

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of or on an attachment with an address.

SIGNATURE:

SIGNATURE THEO OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

KELSEY FLOYD PAYNE II. PRESIDENT

4/16/96 941-385-4642

CR2E034 (12/95)