

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shndra B. Mantham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F30610**

(2)

1. Corporation Name

KAY-LYN FARM, INC.



Principal Place of Business

**3213 EHRlich RD.
PO BOX 271116
TAMPA FL 33688**

Mailing Address

**3213 EHRlich RD.
PO BOX 271116
TAMPA FL 33688**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**GONYER, HAROLD E
3213 EHRlich RD.
TAMPA FL**

3. Date Incorporated or Qualified 04/14/1981	3a. Date of Last Report 03/07/1995
4. FET Number 59-2994183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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, Sections 607.0502, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the Applicant or the Secretary of State

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONYER, HAROLD E		2. NAME	
STREET ADDRESS	3213 EHRlich RD.		3. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA, FL 00000		4. CITY-STATE-ZIP	
TITLE	VS	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONYER, LORETTA		6. NAME	
STREET ADDRESS	3213 EHRlich RD.		7. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA, FL 00000		8. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. NAME	
STREET ADDRESS			11. STREET ADDRESS	
CITY-STATE-ZIP			12. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME	
STREET ADDRESS			15. STREET ADDRESS	
CITY-STATE-ZIP			16. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME	
STREET ADDRESS			19. STREET ADDRESS	
CITY-STATE-ZIP			20. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME	
STREET ADDRESS			23. STREET ADDRESS	
CITY-STATE-ZIP			24. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(7)(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 legal effect as if made under oath. That I am an officer or director of the corporation or the resident 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 alternate form with my officers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold E. Gonyer
HAROLD E GONYER

3-26-96

(813)
962-2074

CR2E034 (12/95)