

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 09, 1999 8:00 am  
Secretary of State

03-09-1999 90077 033 \*\*\*150.00

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DOCUMENT # H20589

1. Corporation Name  
FOSTER FARMS, INC.

Principal Place of Business  
33285 US 441 N.  
OKEECHOBEE FL 34972

Mailing Address  
33285 US 441 N.  
OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1984

4. FEI Number

59-2446093

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.

☒ Yes

☐ No

2. Principal Place of Business

21 2318 SW 21st ST.

Suite, Apt. #, etc.

22

City & State

23 OKEECHOBEE FL

Zip

24 34974

Country

25 USA

2a. Mailing Address

26 P.O. Box 265

Suite, Apt. #, etc.

27

City & State

28 OKEECHOBEE FL

Zip

29 34973

Country

30 USA

9. Name and Address of Current Registered Agent

DOVER, WILLARD D.  
BROWARD FINANCIAL CENTRE  
500 E BROWARD BLVD 7TH FLOOR  
FORT LAUDERDALE FL 33394

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 DP ☐ DELETE

NAME FOSTER, KEVIN  
STREET ADDRESS 2201 SW 28TH STREET  
CITY-ST-ZIP OKEECHOBEE FL

TITLE DT ☒ DELETE

NAME WALKER, ROBERT A.  
STREET ADDRESS 32801 NORTH US 441  
CITY-ST-ZIP OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME FOSTER, KEVIN  
1.3 STREET ADDRESS 2318 SW 21st ST.  
1.4 CITY-ST-ZIP OKEECHOBEE FL 34974

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 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KEVIN A FOSTER PRESIDENT

2-24-99

Date

941-763-1860

Daytime Phone #

CR2E034 (11/98)