

DOCUMENT # H31548

1. Entity Name
KATHERYN PENNINGTON FARMS, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90014 024 ***150.00

Principal Place of Business Mailing Address
1906 N.W. 21ST STREET 1906 N.W. 21ST STREET
GAINESVILLE FL 32605 GAINESVILLE FL 32605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State
3. Mailing Address Suite, Apt. #, etc. City & State
4. FEI Number 59-2465532 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS (11) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (12). Rows include Patricia C. Dubois, Kay N. Bouchelle, Betty J. Sansbury, and Kathryn E. Cummings.

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kay N. Bouchelle, Sec. Treas. Date: Jan. 2, 2001 Daytime Phone #: 352-376-4023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)