



FILED
Jan 12, 2005 08:00 AM
Secretary of State

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|---|--|---|--|---|--|
| DOCUMENT # K02454 1. Entity Name MCDAVID FARMS, INC. | |  | | Secretary of State | |
| Principal Place of Business 178 SE HERNANDO AVE LAKE CITY, FL 32025 US | | Mailing Address P O BOX 1328 LAKE CITY, FL 32056 US | | | |
| DO NOT WRITE IN THIS SPACE | | | |  | |
| | | | | 01072005 00000000000000000000 | |
| | | 4. FEI Number 59-2874820 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 | | | |
| 6. Name and Address of Current Registered Agent MCDAVID, TERRY 178 SE HERNANDO AVE LAKE CITY, FL 32025 | | | | DO NOT WRITE IN THIS SPACE | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE _____ | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 | | | |
| 10. OFFICERS AND DIRECTORS | | | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCDAVID, TERRY 178 SE HERNANDO AVENUE LAKE CITY, FL 32025 | | | | |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 1-10-04 396-752-1896 | |