

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 12 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # M73150 (8)

1. Corporation Name
K N H FARMS, INC.

Principal Place of Business

Mailing Address

WILY KELLY RD.
~~RT. 1 BOX 238~~
BROOKER FL 32622

WILY KELLY RD.
~~RT. 1 BOX 238~~
BROOKER FL 32622-8710



| | |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 14969 SW 161 ST | 26 14969 SW 161 ST |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State BROOKER FL | 28 City & State BROOKER FL |
| 24 Zip 32622 | 29 Zip 32622 |
| 25 Country BRADFORD | 30 Country BRADFORD |

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/22/1988 | 3a. Date of Last Report 05/17/1996 |
| 4. FEI Number 59-2873915 | Applied For <input type="checkbox"/> 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 | |

9. Name and Address of Current Registered Agent

HOUSEMAN, KIRWIN N. SR.
~~RT. 1 BOX 238, WILY KELLY RD.~~
BROOKER FL 32622

10. Name and Address of New Registered Agent

| | |
|--------------------|--|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) 14969 SW 161 ST |
| 83 | |
| 84 City BROOKER | 85 Zip Code FL 32622 |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOUSEMAN, KIRWIN N. SR | 1.2 NAME | |
| STREET ADDRESS | RT. 1 BOX 238 | 1.3 STREET ADDRESS | 14969 SW 161 ST |
| CITY- ST- ZIP | BROOKER FL | 1.4 CITY- ST- ZIP | |
| TITLE | SVD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOUSEMAN, MARY J. | 2.2 NAME | |
| STREET ADDRESS | RT. 1 BOX 238 | 2.3 STREET ADDRESS | 14969 SW 161 ST |
| CITY- ST- ZIP | BROOKER FL | 2.4 CITY- ST- ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 3.4 CITY- ST- ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

14. I do 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 included 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.

SIGNATURE: Mary J. Houseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 352-485-2652
Date Daytime Phone #

CR2E034 (9/96)