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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M73150

(8)

K N H FARMS, INC.

FILED
Jan 26 1998 8:00am
Secretary of State



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Principal Place of Business Mailing Address					. 104/401/ 41/ 10400 LIGHT 1105/ 21/1/ 201/ 21/8/	WIERT GEGER BEBER BEBRE B B34 BB1	
14969 SW 161 ST 14969 SW 161 ST							
BROOKER FL 32622		BROOKER FL 32622 US	BROOKER FL 32622		DO NOT WRITE IN THIS SPACE		
] 03		Uð			3. Date Incorporated or Qualified	NO OF NOL	
					03/22/1988		
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number	Applied For	
21		26			59-2873915	Not Applicable	
Suite, Apt #, etc. Suite, Apt		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 27		27			b. Certificate of Status Desired	Fee Required	
City & State City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28					Trust Fund Contribution	Added to Fees	
l Zip			Countr	у	8. This corporation owes or has paid the	_ · _ * 1	
24	25 29 30 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No		
		nt Registered Agent	81	Name	10. Name and Address of New Register	red Agent	
	Duseman, Kirwin N. Sr.		ا ا	marne			
14969 SW 161 ST			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
BROOKER FL 32622			83				
			6,	1			
			84	City		85 Zip Code	
44 Discount	to the provisions of Contrars 607 OF	02 and 607 1509 Florida 0	toe the et-	no nomed a	poration submits this statement for the purpos	EL 69 Zip code	
office or r	egistered agent, or both, in the State	e of Florida. Such change was	nes, the above authorized b	e-named cor y the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered	
agent. I a	m tamiliar with, and accept the oblig	gations of, Section 607.0505, F	Iorida Statute	\$.		-	
SIGNATURE	Signature, typed or printed name of registered ag	unt and thin it applicable. (AtO	TE Registered As	ant consists too	ured when reinstating) DAI		
12.		ND DIRECTORS	13,	v granini isqu	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition	
NAME	HOUSEMAN, KIRWIN N. SR		1.2 NAME				
STREET ADDRESS	14969 SW 161 ST		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	B ROOKER FL		1.4 CITY -	ST-ZIP			
TITLE	SVD DELETE 2.11		2.1 TITLE			Change Addition	
NAME	HOUSEMAN, MARY J.		2.2 NAME				
STREET ADDRESS	14969 SW 161 ST		2 3 STREE	TADORESS			
CITY-ST-ZIP	BROOKER FL		2. 4 CITY-	ST-ZIP	· .	•	
TITLE		☐ DELETÉ	3.1 TITLE		···	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			33 STREE	ADDRESS			
CITY-ST-ZIP			3 4. CITY-	ST - ZIP			
TITLE		L DELETE	4 1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	F ADDRESS			
CITY-ST-ZIP			4.4 CiTY-	5T - ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		I DELETE	5.4 CITY -	ST-ZIP		[] Oh	
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY OF TID			■ C 4 DITV	1 OUT 74			

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.

1/2/20 250 1/04 21 -