

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005076 (2)

1. Corporation Name

M & K FARMS, INC.

Principal Place of Business

15600 BOLLING MEADOW CIRCLE
WELLINGTON FL 33414

Mailing Address

15600 BOLLING MEADOW CIRCLE
WELLINGTON FL 33414

APPROVED
AND
FILED

95 JUL 20 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

4. FEI Number

65-0486872

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 has liability for intangible tax under s. 189.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEFFERMAN, RICHARD L
2911 EAST MAIN STREET
PAHOKEE FL 33476

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MOSS, MALCOLM L JR
STREET ADDRESS 15600 BOLLING MEADOW CIRCLE
CITY - ST - ZIP WELLINGTON FL 33414

TITLE D
NAME MOSS, KATHY
STREET ADDRESS 15600 BOLLING MEADOW CIRCLE
CITY - ST - ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME MOSS, MALCOLM L JR
1.3 STREET ADDRESS 15600 ROLLING MEADOW CIRCLE
1.4 CITY - ST - ZIP WEST PALM BEACH, FL. 33414

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME MOSS, KATHY
2.3 STREET ADDRESS 15600 ROLLING MEADOW CIRCLE
2.4 CITY - ST - ZIP WEST PALM BEACH, FL. 33414

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Kathy Moss
Malcolm L. Moss Jr.

/Kathy Moss

07-01-95

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (3/95)