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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9: 09

DOCUMENT # P94000034596 (4)

1. Corporation Name

MAY BELLE FARMS, INC.

Principal Place of Business

HWY 4
MILLIGAN FL 32527

Mailing Address

P.O. BOX 373
MILLIGAN FL 32527-0373

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

PO Box K

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

32537

30

U.S.A.

9. Name and Address of Current Registered Agent

KELLEY, RICHARD E
HWY 4 #5250
MILLIGAN FL 32527

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

Richard E. Kelley

Richard E. Kelley Sec/Pres

1 Feb 95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PPD
Kathryn B. Kelley
PO Box 373 Hwy #4
milligan, FL 32537

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPO
Jonathan E. Kelley
PO Box 373 Hwy #4
milligan, FL 32537

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S/T/D
Richard E. Kelley
PO Box 373 5250 Hwy #4
milligan, FL 32537

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard E. Kelley

Richard E. Kelley

1 Feb 95

904-537-8332

(Signature and typed or printed name of signing officer or director)

Date

(Telephone Number)