FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000034596 (4)**

1. Corporation Name

MAY BELLE FARMS, INC.

Principal Place of Business

HWY 4
MILLIGAN FL 32527

Mailing Address

PO BOX K
MILLIGAN FL 32537
US

2. Principal Place of Business

21 5250 Hwy 4
Street Address
22
City & State
23
Zip 32537 24 County 25

2a. Mailing Address

26
Street Address
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: 04/22/1994

3a. Date of Last Report: 02/08/1995

4. FEI Number: 59-3244251 — 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. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLEY, RICHARD E
HWY 4
MILLIGAN FL 32527
32537

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 607.0505 and 607.0506, 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. The registered agent has manifested, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KELLEY, KATHRYN B.	
STREET ADDRESS	PO BOX 373	
CITY, ST, ZIP	MILLIGAN FL	
TITLE	VD	☐ DELETE
NAME	KELLEY, JONATHAN E.	
STREET ADDRESS	PO BOX 373 HWY 4	
CITY, ST, ZIP	MILLIGAN FL	
TITLE	STD	☐ DELETE
NAME	KELLEY, RICHARD E.	
STREET ADDRESS	PO BOX 373 5250 HWY 4	
CITY, ST, ZIP	MILLIGAN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
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		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true, complete and does not exceed, for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or I am a newly elected officer or director.

SIGNATURE: Richard E. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96 904-537-8332
Date Daytime Phone