FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
5250 HWY 4
MILLIGAN FL 32537
US

Mailing Address
PO BOX K
MILLIGAN FL 32537-0408
US

3. Date Incorporated or Qualified: **04/22/1994**
3a. Date of Last Report: **02/19/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 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 607.0502 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 resigning) DATE

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	PD	☒ Change ☐ Addition
1.2 NAME	Kelley, Jonathan E. 5238	
1.3 STREET ADDRESS	PO Box 373 Hwy 4	
1.4 CITY-ST-ZIP	Milligan, FL 32537	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Kelley, Richard E. 5250	
2.3 STREET ADDRESS	PO Box 373 Hwy 4	
2.4 CITY-ST-ZIP	Milligan, FL 32537	
3.1 TITLE	STD	☐ Change ☒ Addition
3.2 NAME	Kelley, Janet C. 5250 Hwy 4	
3.3 STREET ADDRESS	PO Box 373	
3.4 CITY-ST-ZIP	Milligan, FL 32537	
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 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.

SIGNATURE [illegible] 904-537-8332

CR2E034 (9/96)