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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019598 1. Corporation Name

KERRY FARMS, INC.

		_		
Principal	Place	of B	lusiness	3

Mailing Address

8218 BAHIA BLANCA CT. JACKSONVILLE FL 32256

8218 BAHIA BLANCA CT. JACKSONVILLE FL 32256

2. Principal Place of Business		2a. Mailing Addre	ss	
21		26		
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	
22		27		
City & State		City & State		
23		28		
Zip	Country	Zip	Country	
74)	25	29	30	

FILED 99 FEB 11 AMII: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					03/10/1995		
2. Principal P	I Place of Business 2a. Mailing Address			4. FEI Number Applied For	7		
1		26			65-0561410 Not Applicable	-1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	7	
21		27			5. Certificate of Status Desired [] Fee Required	1	
City & State	8	City & State			6. Election Campaign Financing 1 \$5,00 May Be	7	
3		28			Trust Fund Contribution Added to Fees	1	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible		
4	25	29	30		Personal Property Tax. []Yes []No	-{	
	9. Name and Address of Current	·			10. Name and Address of New Registered Agent	1	
			81	Name	the control of the co	1	
INTR	astate registered agent co	DRPORATION			ے بات میں بات بیٹ سیاست میں سیار ہے رہیں ہی اور دی بی ایان ای ای ای ای ای ایک	-1	
701 BRICKELL AVENUE, SUITE 300			82 Street Add		ddress (F.O. Box Number is Not Acceptable)		
MIAN	AI FL 33131-3209		83			-{	
			}	ł		ł	
			84	City	85 Zip Code	1	
44 Durayant	to the area drives of Section 607.0502	and 607 4600 Florid Challet		I	The little control of the control of	-	
office or re	egistered agent, or both, in the State o	if Florida. Such change was aut	thorized by	the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	- 1	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes		, , , , ,	- }	
SIGNATURE						- }	
40	Signature, typed or printed name of registered agent OFFICERS AND			nt signature require	red when remistating) DATE		
12. TITLE	PT OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4	
	* *	(.) Decere	11 TITLE	1	[] Change [] Additio	1	
NAME	KARTSONIS, JOHN P		1.2 NAME	1		- {	
STREET ADDRESS	8218 BAHIA BLANCA CT.		. 13 STREE	ADDRESS		ł	
MY-ST-ZIP	JACKSONVILLE FL 32256		14 CITY-S	1-219		↲	
ITILE	VPS	[] DELETE	21 TITLE	ļ	[] Change [] Additio	٦	
WAME	KARTSONIS, MARYELLEN D	22 NAME)	1000022740919		
STREET ADDRESS	8218 BAHIA BLANCA CT.		23 STREE	TADDRESS	_02/12/090102100/	-	
CITY-ST-ZIP	JACKSONVILLE FL 32256		2 4 CITY-5	ST-ZIP	1000027740918 -02/12/9901071004 	١-	
ntue		DELETE	3.1 TITLE	J	The Change of Action	n]	
WHE			32 NAME.	}		- }	
STREET ADDRESS			33 STREE	1 ADDRESS		-	
OTY-ST-ZNP			3.4. CITY-5	ST-ZIP		- [
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NAME			4.2 NAME	1	2. 0	1	
STREET ADDRESS			43STREE	T ADDRESS		- [
CITY-ST-ZIP			4.4 CITY-S	1		1	
TITLE		☐ DELETE	5 1 TITLE	11-21F	[]Change []Additio	1	
un Gac			5.2 NAME	1	E) Qualife [1 Modulo	1	
STRUET ADDRESS				T ADDRESS		1	
			5 4 CITY-S	1			
XTY ST-ZIP		DELETE	61 TITLE	1-ZIP	Clarical Clark	}	
		F" I DECE ! F			[] Change [] Addition	1	
NAME			62 NAME	1		- 1	

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 logal effect as if made under oath; that have 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, with all other like empowered.

63 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

9046455526