


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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000052596 (0)**

1. Corporation Name

**KENNY FOY FARMS, INC.**

Principal Place of Business

**4605 FORT HAMER ROAD  
PARRISH FL 34219**

Mailing Address

**4605 FORT HAMER ROAD  
PARRISH FL 34219**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/03/1995**

4. FEI Number

**65-0603522**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 **1916 34TH AVE. W.**

Suite, Apt. #, etc.

22 **PALMETTO FL**

City & State

24 **34221** 25 **USA**

Zip

Country

2a. Mailing Address

26 **1916 34TH AVE. W.**

Suite, Apt. #, etc.

27 **PALMETTO FL**

City & State

28 **34221** 29 **USA**

Zip

Country

9. Name and Address of Current Registered Agent

**FOY, KENNETH H  
4605 FORT HAMER ROAD  
PARRISH FL 34219**

10. Name and Address of New Registered Agent

81 Name

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

**1916 34TH AVE. W.**

83

84 City **PALMETTO**

**FL**

85 Zip Code **34221**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PV**  
STREET ADDRESS **FOY, KENNETH H**  
CITY-ST-ZIP **4605 FORT HAMER ROAD  
PARRISH FL 34219**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **FOY, STACIE**  
CITY-ST-ZIP **4605 FORT HAMER ROAD  
PARRISH FL 34219**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **1916 34TH AVE. W.**  
1.4 CITY-ST-ZIP **PALMETTO, FL 34221**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **1916 34TH AVE. W.**  
2.4 CITY-ST-ZIP **PALMETTO, FL 34221**

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 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:

*Kenneth H Foy President*

3-16-98

941-720-8533

CR2E034 (10/97)