

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096889 (7)

1. Corporation Name

KEEN'S CLOVERLEAF FARM SUPPLIES, INC.



Principal Place of Business

3249 STATE RD 60 EAST
LAKE WALES FL 33853

Mailing Address

3249 STATE RD 60 EAST
LAKE WALES FL 33853

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip

24 Country

29 Country

3. Date Incorporated or Quashed

12/22/1995

3a. Date of Last Report

4. FEI Number

59-3353 018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

KEEN, JERRY R
3249 STATE RD 60 EAST
LAKE WALES FL 33853

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 of Registered Agent or the individual designated as the registered agent

Date of Signature of Registered Agent or the individual designated as the registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	KEEN, JERRY R.	
STREET ADDRESS	9825 STATE RD 60 EAST	
CITY-STATE-ZIP	LAKE WALES FL 33853	
TITLE	DSV	☐ DELETE
NAME	KEEN, LAJUAIA	
STREET ADDRESS	9825 STATE RD 60 EAST	
CITY-STATE-ZIP	LAKE WALES FL 33853	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

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 198.07(3)(k), 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

Jerry R. Keen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

941-6768649

CR2E034 (12/95)