

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000043948 (4)**

1. Corporation Name  
**CANTERBURY FARMS, INC.**



Principal Place of Business <b>13151 HALIFAX CT. WELLINGTON FL 33414</b>	Mailing Address <b>13151 HALIFAX CT. WELLINGTON FL 33414-7737</b>
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3. Date Incorporated or Qualified <b>05/17/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>3601 Olde Hampton Dr.</b>	2a. Mailing Address 26 <b>12788 Forest Hill Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>Suite 2003</b>
City & State 23 <b>Wellington, FL</b>	City & State 28 <b>Wellington, FL</b>
Zip 24 <b>33414</b>	Country 25 <b>USA</b>
Zip 29 <b>33414</b>	Country 30 <b>USA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DUFRESNE, DONALD P  
C/O DUFRESNE & ASSOCIATES, P.A.  
12788 FOREST HILL BLVD., STE. 2003  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHESLER, ALAN</b>	
STREET ADDRESS	<b>13151 HALIFAX CT.</b>	
CITY - ST - ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>IGOE, KEVIN</b>	
STREET ADDRESS	<b>13151 HALIFAX CT.</b>	
CITY - ST - ZIP	<b>WELLINGTON FL 33414</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kimberly Floyd</b>
2.3 STREET ADDRESS	<b>3601 Olde Hampton Drive</b>
2.4 CITY - ST - ZIP	<b>Wellington, FL 33414</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kimberly Floyd* **Kimberly Floyd, Vice President** **4/8/97** (561) 795-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)