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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000047080 (1)**

1. Corporation Name
KONSKY FARMS INCORPORATED

Principal Place of Business
**28243 SW 158 COURT
HOMESTEAD FL 33033**

Mailing Address
**28243 SW 158 COURT
HOMESTEAD FL 33033**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1997

2. Principal Place of Business

21 **Homestead, Fla**

Suite, Apt. #, etc.
22 **(Farm Fields)**

City & State
23 **Homestead, Fl**

Zip
24 **33033**

Country
25 **DADE**

2a. Mailing Address

26 **28243 SW 158 COURT**

Suite, Apt. #, etc.

City & State
28 **Hmsd, Fl**

Zip
29 **33033**

Country
30 **DADE**

4. FEI Number

65-0760082

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

9. Name and Address of Current Registered Agent

**KONSKY, KENNETH L
28243 SW 158 COURT
HOMESTEAD FL 33033**

10. Name and Address of New Registered Agent

81 Name **Remain SAME**

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 **Kenneth L. Konksy**

Signature, typed or printed name of registered agent and title if applicable.

"Pres" Kenneth L. Konksy

(NOTE: Registered Agent signature required when reinstating)

1-12-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **Pres** ☐ DELETE

NAME **Kenneth Konksy**

STREET ADDRESS **28243 SW 158 CT**

CITY - ST - ZIP **Hmsd Fl 33033**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☐ Addition

1.2 NAME **Tracy Konksy**

1.3 STREET ADDRESS **28243 SW 158 CT**

1.4 CITY - ST - ZIP **Hmsd Fl 33033**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 L. Konksy** **"Pres" Kenneth Konksy** **1-29-98 (305) 248-0425**

CR2E034 (10/97)