2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000095124 May 16, 2000 8:00 am 1. Entity Name Secretary of State CHARLES KENT FARMS, INC. 05-16-2000 90137 008 ***150.00 Principal Place of Business Mailing Address RT 4 BOX 40 RT 4 BOX 40 BONIFAY FL 32425-9804 BONIFAY FL 32425 2. Principal Place of Business 3. Mailing Address Hollow Rd tollow Rd DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3620833 Applied For City & State City & State Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Same KENT, CHARLES E JR Street Address (P.O. Box Number is Not Acceptable) RT 4 BOX 40 **BONIFAY FL 32425** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITL F Kent, Charles E Sr 2124, Happy Hollow Rd Bonifay, FL 32425 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VKent, Charles E Jr 2124 Happy Hollow Rd ☐ Change ☐ Addition ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Bonifay, FL 32425 CITY-ST-ZIP CITY-ST-ZIP 5 Kent, Julie M Ziay Happy Hollow Rd Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Bonifay, FL32425 CITY-ST-7IP CITY-ST-ZIP Kent, Bel Becky ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME 2124 Happy HollowRd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change □ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP bereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. of the corporation or the re changed, or on an attach

NAME OF SIGNING OFFICER OR DIRECTOR