

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

**APPROVED  
AND  
FILED**

95 APR 18 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400001459744  
-04/18/95--01001--019  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V01490** (4)  
1. Corporation Name  
**P.J. KENNEDY FARMS, INC.**

Principal Place of Business Mailing Address  
**200 N.E. 4TH AVENUE OKEECHOBEE FL 34972**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip

3. Date Incorporated or Qualified 3a. Date of Last Report  
**12/19/1991** **03/08/1994**  
4. FEI Number Applied For  
**65-0303327** 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  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KENNEDY, ROBERT V  
200 NE 4 AVE  
OKEECHOBEE FL 34972**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEERSON, ALLEN	1.2 NAME	Robert V. Kennedy
STREET ADDRESS	318 CASADE LANE	1.3 STREET ADDRESS	200 N.E. 4th Avenue
CITY - ST - ZIP	PALM BCH GRDNS FL	1.4 CITY - ST - ZIP	Okeechobee, FL 34972
TITLE	STD	2.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEERSON, ACRYSTINE E.	2.2 NAME	Clariece Burdeshaw
STREET ADDRESS	318 CASADE LANE	2.3 STREET ADDRESS	200 N.E. 4th Avenue
CITY - ST - ZIP	PALM BCH GRDNS FL	2.4 CITY - ST - ZIP	Okeechobee, FL 34972
NAME	VSD	3.1 TITLE	Secretary/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	KENNEDY, ROBERT V.	3.2 NAME	Linda Wilson
CITY - ST - ZIP	200 N.E. 4TH AVE. OKEECHOBEE FL	3.3 STREET ADDRESS	200 NE. 4th Avenue
TITLE		3.4 CITY - ST - ZIP	Okeechobee, FL 34972
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - 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 110.07(3)(h), 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: (Robert V. Kennedy) \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95  
812/263-8600

ANNUAL REPORT

1995

Secretary of State  
DIVISION OF CORPORATIONS

95 APR 18 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **VD1490** (4)

1. Corporation Name  
**P.J. KENNEDY FARMS, INC.**

400001459744  
-04/19/95--01001--019  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**300 N.E. 4TH AVENUE  
OKEECHOBEE FL 34972**

3. Date incorporated or Qualified **12/19/1991** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0303327</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
22 City & State		27 City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KENNEDY, ROBERT V 200 NE 4 AVE OKEECHOBEE FL 34972</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	11 TITLE	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEERSON, ALLEN</b>	12 NAME	<b>Robert V. Kennedy</b>
STREET ADDRESS	<b>318 CASADE LANE</b>	13 STREET ADDRESS	<b>200 N.E. 4th Avenue</b>
CITY - ST - ZIP	<b>PALM BCH GRDNS FL</b>	14 CITY - ST - ZIP	<b>Okeechobee, FL 34972</b>
TITLE	<b>STD</b>	21 TITLE	<b>Vice President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEERSON, ARYSTINE E.</b>	22 NAME	<b>Clariece Burdeshaw</b>
STREET ADDRESS	<b>318 CASADE LANE</b>	23 STREET ADDRESS	<b>200 N.E. 4th Avenue</b>
CITY - ST - ZIP	<b>PALM BCH GRDNS FL</b>	24 CITY - ST - ZIP	<b>Okeechobee, FL 34972</b>
TITLE	<b>VSD</b>	31 TITLE	<b>Secretary/Treasurer/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, ROBERT V.</b>	32 NAME	<b>Linda Wilson</b>
STREET ADDRESS	<b>200 N.E. 4TH AVE.</b>	33 STREET ADDRESS	<b>200 NE. 4th Avenue</b>
CITY - ST - ZIP	<b>OKEECHOBEE FL</b>	34 CITY - ST - ZIP	<b>Okeechobee, FL 34972</b>
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **(Robert V. Kennedy)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **4/18/95**  
Initials: **MS**  
Telephone: **813/263-8600**