

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

**FILED**  
**Jan 22 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # V01490**

**(4)**

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



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

Mailing Address  
**200 N.E. 4TH AVENUE  
 OKEECHOBEE FL 34972-2961**

3. Date Incorporated or Qualified **12/19/1991** 3a. Date of Last Report **01/24/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
 Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

**65-0303327**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, ROBERT V  
 200 NE 4 AVE  
 OKEECHOBEE FL 34972**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PD KENNEDY, ROBERT V**  
 STREET ADDRESS **200 N.E. 4TH AVENUE**  
 CITY - ST - ZIP **OKEECHOBEE FL 34972**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME **VPD BURDESHAW, CHARIECE**  
 STREET ADDRESS **200 N.E. 4TH AVENUE**  
 CITY - ST - ZIP **OKEECHOBEE FL 34972**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME **STD WILSON, LINDA**  
 STREET ADDRESS **200 N.E. 4TH AVENUE**  
 CITY - ST - ZIP **OKEECHOBEE FL 34972**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

6.1 TITLE  Change  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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Title *Pres* Date *1/14/97* Daytime Phone # *1/941-563860*

CR2E034 (9/96)