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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01490

(4)

P.J. KENNEDY FARMS, INC.

Principal Plac	e of Business	Mailing Address						
200 N.E. 4TH A OKEECHOBEE		200 N.E. 4TH AVENUE OKEECHOBEE FL 34972-29	200 N.E. 4TH AVENUE OKEECHOBEE FL 34972-2981					
						3. Date Incorporated or Qualified 12/19/1991	3a. Date of Las 01/24/1996	•
<del></del>	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
Suite, Apt.	# pto	26				65-0303327	\$8.7	Not Applicable  5 Additional
22	# <sub>1</sub> 010	27				5. Certificate of Status Desired	¥	Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.0	DO May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zıp	Cou	ntry		8. This corporation has liability for		er s. 199.032,
24	25 9. Name and Address of Curren	1 Registered Agent	30			Florida Statutes  10. Name and Address of New Re	Yes No	
KEN	INEDY, ROBERT V	t negratered Agent		81	Name	IV. Name and Address of New York	gistered Agent	
	NE 4 AVE			20		(D.O. D)		
	ECHOBEE FL 34972			82	Street Add	lress (P.O. Box Number is Not Acceptat	ole)	
				83				·
				84	City		<b> 85</b> 2	ip Code
					•		FL	•
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Stat	d by ules	the corpora	poration submits this statement for the pation's board of directors. I hereby acce	of the appointment	as registered
10	Signature: typed or printed earns of registered age		E. Registered	Age	nt signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	TORS IN 12
12.	OFFICERS AND	DELETE	1.1 []	TI F		ADDITIONS/CHANGES TO OFFIC	Chan	
NAME	KENNEDY, ROBERT V		1.2 N/					•
STREET ADDRESS	200 N.E. 4TH AVENUE				ADDRESS			
CHTY-SI-ZIP	OKEECHOBEE FL 34972		1.4 CI	TY-S	T-ZIP			
TITLE	VPD □ DELETE			2.1 TITLE			Chan	ge 🔲 Addition
NAME	BURDESHAW, CHARIECE		2.2 N/	2.2 NAME				
STREET ADDRESS	200 N.E. 4TH AVENUE		2.3 \$1	2.3 STREET ADDRESS				
CITY-S1-ZIP					ST-ZIP			The same of
TITLE	STD WILSON, LINDA	☐ DELETE	3111				L Chan	ge Addition
NAME	200 N.E 4TH AVENUE		3.2 N		ADDRESS			
STREET ADDRESS	OKEECHOBEE FL 34972							
CITY - ST - ZIP TITLE		DELETE	4 1 T)		ST-ZIP		Chan	ge 🔲 Addition
NAME		—	4.2 N	AME			-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CI	ITY-S	T-ZIP			
TITLE		DELETE	5.1 TI	TLE			Char	ge Addition
NAME			5.2 N	AME				
STREET ADDRESS					ADDRESS			
CHY-ST-ZIP		Clorier			T-ZIP	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	□ Char	ige Addition
TITLE		☐ DELETE	6.1 Ti				Char	iñe 🗂 woodiou
NAME			6.2 N		4DD0000			
STREET ADDRESS			6.3 S 6.4 C		ADDRESS			
CITY-S1-ZIP 14. 1 do here	by certify that the information supplie	d with this filing does not quali	ly for the	eve	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify	that the
informate	on indicated on this annual report or s	supplemental annual report is t	true and i	a <b>c</b> c.	irate and tha	at my signature shall have the same leg- ort as required by Chapter 607, Florida	al effect as if made	e under oath; tha

SIGNATURE:

IGNATURE AND TYPEN OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

1/14/92 1/991-963 Rbs

**FILED** 

Jan 22 1997 8:00am

Secretary of State