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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90046 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01490

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1991

4. FEI Number

65-0303327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

7. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 511 South Olive Ave.

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 511 South Olive Ave.

Suite, Apt. #, etc.

27

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30 USA

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 Pamela T. Dunton, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

220 Sunrise Ave., Suite 207

83

84 City Palm Beach

FL

85 Zip Code

33420

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

TITLE PD ☒ DELETE

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

TITLE VPD ☒ DELETE

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

TITLE STD ☐ DELETE

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

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 PO Allen Peterson ☒ Change ☐ Addition

1.2 NAME 153 Beach Summit Ct.
1.3 STREET ADDRESS Jupiter, FL 33477
1.4 CITY-ST-ZIP

2.1 TITLE VPD Arystine Peterson ☒ Change ☐ Addition

2.2 NAME 218 Cascade Lane
2.3 STREET ADDRESS Palm Beach Shores, FL 33404
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

President 4/13/99 (561) 832-1921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)