


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90046 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 511 South Olive Ave.		2a. Mailing Address 26 511 South Olive Ave.		3. Date Incorporated or Qualified 12/19/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0303327	
City & State 23 West Palm Beach, FL		City & State 28 West Palm Beach, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33401		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 33401		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 **Pamela T. Dunton, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable)
220 Sunrise Ave., Suite 209
 83
 84 City **Palm Beach** FL 85 Zip Code **33480**

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: *Pamela T. Dunton* - Pamela T. Dunton, Esq. DATE: 4/13/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	KENNEDY, ROBERT V	
STREET ADDRESS	200 N.E. 4TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	BURDESHAW, CHARIECE	
STREET ADDRESS	200 N.E. 4TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	STD	<input type="checkbox"/>
NAME	WILSON, LINDA	
STREET ADDRESS	200 N.E. 4TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD Allen Peterson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	218 Cascade Lane		
2.3 STREET ADDRESS	Palm Beach Shores, FL 33404		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Allen Peterson* SIGNATURE REQUIRED: Resident 4/13/99 (561) 832-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)