


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

FILED

May 07 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 # V25960 (8)					
1. Corporation Name HENDRY FARMS LTD. CORPORATION					
Principal Place of Business PO BOX 2948 LAKE CITY FL 32056			Mailing Address PO BOX 2948 LAKE CITY FL 32056-2948		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1992	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 04/11/1996	
22. City & State		27. City & State		4. FEI Number 59-3128409	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent HENDRY, CHARLES W ARROWHEAD RD LAKE CITY FL 32056			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83.			84. City		
			85. Zip Code		
			FL		
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 reinstating)					
DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME HENDRY, CHARLES W			1.2 NAME		
1.3 STREET ADDRESS ARROWHEAD RD			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP LAKE CITY FL			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME HENDRY KAREN J			2.2 NAME		
2.3 STREET ADDRESS ARROWHEAD RD			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP LAKE CITY FL			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
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4.1 TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			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: <u>Charles W. Hendry</u> 4-29-97 907 752-5531					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)