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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

FILED Apr 14 1998 8:00am Secretary of State

DOCUMENT # V25960 HENDRY FARMS LTD. CORPORATION Principal Place of Business Mailing Address PO BOX 2948 PO BOX 2948 LAKE CITY FL 32056 LAKE CITY FL 32056 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3128409 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 🐧 Yes 24 25 29 30 Personal Property Tax due June 30. ∏ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent HENDRY, CHARLES W ARROWHEAD RD 82 Street Address (P.O. Box Number is Not Acceptable) LAKE CITY FL 32056 83 84 **B**5 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typical or printed name of registered agent and title if approaching OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HENDRY, CHARLES W NAME 1.2 NAME ARROWHEAD RD 1.3 STREET ADDRESS STREET ADDRESS LAKE CITY FL CITY - ST - ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 THE HENDRY KAREN J NAME 2.2 NAME ARROWHEAD RD STREE1 ADDRESS 2.3 STREET ADDRESS LAKE CITY FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY - S1 - 7IP DETETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1 Y - ST - Z(P CITY-ST-ZIP TITLE DELETE 5.1 11TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIP 5.4 CITY - \$1 - ZIP Addition DETETE Change TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-\$1-ZP

14. Thereby 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 logal 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 Marles With Block 12 or Block 13 if chair