

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000074260

**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC6807707113**

**Entity Name:** WINDY HILL FRALEIGH FARM, INC.

**Current Principal Place of Business:**

5127 PIRATES COVE ROAD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5127 PIRATES COVE ROAD  
JACKSONVILLE, FL 32210

**FEI Number:** 27-1242995

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HINSON, ALEXANDER L  
121 N MADISON STREET  
QUINCY, FL 32351 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            FRALEIGH, JOHN E  
Address        5127 PIRATES COVE ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title            SECT  
Name            FRALEIGH, MARGO S  
Address        5127 PIRATES COVE ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title            S/H  
Name            CANNON, BROOKS F  
Address        5127 PIRATES COVE ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title            S/H  
Name            FRALEIGH, JOHN EJR  
Address        5127 PIRATES COVE ROAD  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN E FRALEIGH

**PRESIDENT**

**01/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date