

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000095203

**Entity Name:** KENNEY FROSTPROOF GROWERS SUPPLY, INC.**Current Principal Place of Business:**512 N. SCENIC HIGHWAY  
FROSTPROOF, FL 33843**Current Mailing Address:**P.O. BOX 583  
EAGLE LAKE, FL 33839**FEI Number: 81-4516093****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KENNEY, ROBERT T JR.  
512 N. SCENIC HIGHWAY  
FROSTPROOF, FL 33843 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	P
Name	KENNEY, ROBERT T JR
Address	512 N. SCENIC HIGHWAY
City-State-Zip:	FROSTPROOF FL 33843

Title	VP
Name	KENNEY, NICOLE
Address	512 N. SCENIC HIGHWAY
City-State-Zip:	FROSTPROOF FL 33843

Title	S
Name	KENNEY, NICOLE
Address	512 N. SCENIC HIGHWAY
City-State-Zip:	FROSTPROOF FL 33843

Title	T
Name	KENNEY, NICOLE
Address	512 N. SCENIC HIGHWAY
City-State-Zip:	FROSTPROOF FL 33843

Title	D
Name	KENNEY, ROBERT T JR
Address	512 N. SCENIC HIGHWAY
City-State-Zip:	FROSTPROOF FL 33843

Title	D
Name	KENNEY, NICOLE
Address	512 N. SCENIC HIGHWAY
City-State-Zip:	FROSTPROOF FL 33843

*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: ROBERT T. KENNEY****PRESIDENT****03/14/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date