

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000107570

**Entity Name:** PHIL TURNER FARMS, INC.

**Current Principal Place of Business:**

1999 NE LIVINGSTON ST.  
ARCADIA, FL 34266

**Current Mailing Address:**

1999 NE LIVINGSTON ST.  
ARCADIA, FL 34266

**FEI Number:** 59-3483989

**Certificate of Status Desired:** No

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

TURNER, PHILIP W  
1999 NE LIVINGSTON ST.  
ARCADIA, FL 34266 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 PD  
Name TURNER, PHILIP W  
Address 1999 NE LIVINGSTON STREET  
City-State-Zip: ARCADIA FL 34266

Title VD  
Name TURNER, PHILIP W. JR.  
Address 4067 NE MASTERS AVENUE  
City-State-Zip: ARCADIA FL 34266

Title STD  
Name MCKETTRICK, LIBBY T  
Address 1922 NE LIVINGSTON STREET  
City-State-Zip: ARCADIA FL 34266

*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:** LIBBY T. MCKETTRICK

**SECRETARY**

**02/01/2016**

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

\_\_\_\_\_  
Date