

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 292015

**Entity Name:** THE LABEUNA FARMS, INC.

**Current Principal Place of Business:**

115 SOUTH FIFTH STREET  
MACCLENNY, FL 32063

**Current Mailing Address:**

115 SOUTH FIFTH STREET  
MACCLENNY, FL 32063

**FEI Number: 59-1091874**

**Certificate of Status Desired: No**

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

DORMAN, DIANE K  
115 S 5TH ST  
MACCLENNY, FL 32063 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: DIANE K. DORMAN**

**11/01/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KNABB, JR., JAMES W  
Address 115 SOUTH 5TH ST.  
City-State-Zip: MACCLENNY FL 32063

Title VPD  
Name KNABB, WILLIAM W  
Address 115 S 5TH ST  
City-State-Zip: MACCLENNY FL 32063

Title S  
Name TRULUCK, JOYCE K  
Address 115 S. 5TH ST.  
City-State-Zip: MACCLENNY FL 32063

Title TD  
Name MCCULLOUGH, CAROLYN  
Address 115 S 5TH ST  
City-State-Zip: MACCLENNY FL 32063

Title D  
Name YARBOROUGH, GLENN  
Address 115 S 5TH ST  
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR  
Name THORNTON, JOE A  
Address 115 SOUTH FIFTH STREET  
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR  
Name DORMAN, DIANE K  
Address 115 SOUTH FIFTH STREET  
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR  
Name RHODEN, JANE D  
Address 115 SOUTH FIFTH STREET  
City-State-Zip: MACCLENNY FL 32063

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*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: DIANE K. DORMAN**

**DIRECTOR**

**11/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MCCAULEY, GWENDOLYN K  
Address        115 SOUTH FIFTH STREET  
City-State-Zip: MACCLENNY FL 32063