2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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 US

FEI Number: 59-1091874

Name and Address of Current Registered Agent:

DORMAN, DIANE K. 115 SOUTH FIFTH ST MACCLENNY, FL 32063 US FILED Mar 02, 2022 Secretary of State 5309302321CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	VPD	Title	S, DIRECTOR
Name	KNABB, WILLIAM W	Name	DORMAN, DIANE K
Address	115 S 5TH ST	Address	115 S. 5TH ST.
City-State-Zip:	MACCLENNY FL 32063	City-State-Zip:	MACCLENNY FL 32063
Title	TD	Title	D
Name	FLETCHER, DANI	Name	YARBOROUGH, GLENN
Address	115 S 5TH ST	Address	115 S 5TH ST
City-State-Zip:	MACCLENNY FL 32063	City-State-Zip:	MACCLENNY FL 32063
Title Name	DIRECTOR, ASST SEC., ASST TREAS RHODEN, JANE D	Title Name	DIRECTOR MCCAULEY, MIKE
Name Address	RHODEN, JANE D 115 SOUTH FIFTH STREET	Name Address City-State-Zip: Title	MCCAULEY, MIKE 115 SOUTH FIFTH STREET MACCLENNY FL 32063 DIRECTOR
Name Address City-State-Zip:	RHODEN, JANE D 115 SOUTH FIFTH STREET MACCLENNY FL 32063	Name Address City-State-Zip: Title Name	MCCAULEY, MIKE 115 SOUTH FIFTH STREET MACCLENNY FL 32063 DIRECTOR MCCULLOUGH, CAROLYN D
Name Address City-State-Zip: Title	RHODEN, JANE D 115 SOUTH FIFTH STREET MACCLENNY FL 32063 P, DIRECTOR	Name Address City-State-Zip: Title	MCCAULEY, MIKE 115 SOUTH FIFTH STREET MACCLENNY FL 32063 DIRECTOR
Name Address City-State-Zip: Title Name	RHODEN, JANE D 115 SOUTH FIFTH STREET MACCLENNY FL 32063 P, DIRECTOR KNABB, GEORGE W.	Name Address City-State-Zip: Title Name	MCCAULEY, MIKE 115 SOUTH FIFTH STREET MACCLENNY FL 32063 DIRECTOR MCCULLOUGH, CAROLYN D 115 S FIFTH ST

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

SECRETARY

03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date