

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 360296 (8)**  
1. Corporation Name

**HUDSON FARMS, INC.**



Principal Place of Business: **C/O JAMES R. HUDSON  
NORTH MAIN STREET  
CHIEFLND FL 32626**  
Mailing Address: **C/O JAMES R. HUDSON  
NORTH MAIN STREET  
CHIEFLND FL 32626**

3. Date Incorporated or Qualified: **02/26/1970**  
3a. Date of Last Report: **10/03/1995**

2. Principal Place of Business: **21** Suite, Apt #, etc: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt #, etc: **27** City & State: **28** Zip: **29** Country: **30**  
4. FEI Number: **59-1255915**  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HUDSON, JAMES R JR  
404 N.E. 1ST ST.  
CHIEFLND FL 32626**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (PO Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Block 12) Registered Agent signature required when applicable. (Block 13) Registered Agent signature required when applicable. DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>DST</b>	<input type="checkbox"/>
NAME	<b>HUDSON, JAMES R JR.</b>	
STREET ADDRESS	<b>CORNER OAK &amp; WALLBURG</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>HUDSON, JAMES R</b>	
STREET ADDRESS	<b>CORNER OAK &amp; WALLBURG AV</b>	
CITY-ST-ZIP	<b>CHIEFLND, FL 00000</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS	<b>404 N. E. 1st St</b>		
14 CITY-ST-ZIP	<b>32626</b>	<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE			
22 NAME			
23 STREET ADDRESS	<b>404 N. E. 1st St.</b>		
24 CITY-ST-ZIP	<b>32626</b>	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE: *James R. Hudson Jr.* **7-22-96** DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)