

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 PM 4:10

DOCUMENT # **467260** (6)

1. Corporation Name  
**HUDSPETH FARMS, INC.**

Principal Place of Business Mailing Address  
**700 N E 2ND ST BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1974** 3a. Date of Last Report **03/03/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1594776** Applied For  Not Applicable

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CARTER, JO ELLEN  
1014 N.E. 2ND ST.  
BELLE GLADE FL 33430**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. 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

(If person, type or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when heretofore)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE **PD**  
12 NAME **HUDSPETH, BEATRICE C.**  
13 STREET ADDRESS **700 N E 2ND ST**  
14 CITY - ST - ZIP **BELLE GLADE, FL 0**

11 TITLE **VD**  
12 NAME **CARTER, THOMAS GORDON**  
13 STREET ADDRESS **1014 N.E. 2ND ST.**  
14 CITY - ST - ZIP **BELLE GLADE, FL 0**

11 TITLE **SD**  
12 NAME **CARTER, JO ELLEN**  
13 STREET ADDRESS **1014 NE 2ND ST**  
14 CITY - ST - ZIP **BELLE GLADE FL**

11 TITLE **VD**  
12 NAME **HUDSPETH, RONALD W.**  
13 STREET ADDRESS **700 N.E. 2ND ST.**  
14 CITY - ST - ZIP **BELLE GLADE FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
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 119.02(3)(b), 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 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 13 of this report, or on an amendment with an address.

SIGNATURE: *Gordon Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GORDON CARTER**

4/10/95 407-996-5907  
Ludlow Street 4