


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 467260 (6)
 1. Corporation Name
HUDSPETH FARMS, INC.

Principal Place of Business 700 N E 2ND ST BELLE GLADE FL 33430	Mailing Address 1014 NE 2ND STREET BELLE GLADE FL 33430 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1014 N.E. 2ND ST. Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	City & State 23 Belle Glade, FL 28	City & State 29	Zip 24 33430 25 USA 29	Country 30
--	--	---	--------------------	--	---------------

3. Date Incorporated or Qualified 12/21/1974	Applied For Not Applicable
4. FEI Number 59-1594776	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUDSPETH, BEATRICE C.	
STREET ADDRESS	700 N E 2ND ST	
CITY-ST-ZIP	BELLE GLADE, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARTER, THOMAS GORDON	
STREET ADDRESS	1014 N.E. 2ND ST.	
CITY-ST-ZIP	BELLE GLADE, FL 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARTER, JO ELLEN	
STREET ADDRESS	1014 NE 2ND ST	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUDSPETH, RONALD W.	
STREET ADDRESS	700 N.E. 2ND ST.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Gordon* **THOMAS GORDON** **1/5/97** **561-996-5556**

CR2E034 (10/97)