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PROFIT CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003127

1. Corporation Name
HAMPSHIRE FARMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
PO BOX 2386
TODD FARM, KINGHILL RD.
NEW LONDON NH 03257

Mailing Address
PO BOX 2386
TODD FARM, KINGHILL RD.
NEW LONDON NH 03257

3. Date Incorporated or Qualified: 06/16/1997
4. FEI Number: 04-3357438
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
25 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCAIN, GENE
LAGUNA CT.
PALM COAST FL 32137

81 Name: Gene McCain
82 Street Address: 25 SAN MARCO COURT
83
84 City: PALM COAST FL 85 Zip Code: 32137

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 columns: OFFICERS AND DIRECTORS. Includes rows for CP DINAN, JAMES M and CV DINAN, JOSEPHINE with fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 13 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes rows 1.1 through 6.4 with fields for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director: JAMES M. DINAN

3-14-00

Date

603-763-9298

Daytime Phone #

CR2E034 (11/98)