FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:07

DOCUMENT # S60319 (8)

1. Corporation Name
HILSON FARMS, INC

Principal Place of Business	Mailing Address
C/O JAMES EDWARD HILSON 25101 S W 134TH AVE PRINCETON FL 33032	C/O JAMES EDWARD HILSON 25101 S W 134TH AVE PRINCETON FL 33032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/18/1991
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21: 25201 SW 134TH AVE
Suite, Apt. #, etc. 22:
City & State 23: PRINCETON, FLA
Zip 24: 33032 Country 25: DADE

2a. Mailing Address
26: P.O. BOX 4053
Suite, Apt. #, etc. 27:
City & State 28: PRINCETON, FLA
Zip 29: 33092 Country 30: DADE

4. FEI Number: 65-0272618 ☐ 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

HILSON, JAMES EDWARD
25101 SW 134TH AVE
PRINCETON FL 33032

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, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☑ Addition
NAME	HILSON, JAMES EDWARD	12 NAME	DEBORAH J. HILSON
STREET ADDRESS	25101 S W 134TH AVE	13 STREET ADDRESS	25265 SW 134TH AVE
CITY-ST-ZIP	PRINCETON FL	14 CITY-ST-ZIP	PRINCETON, FLA 33033
TITLE	D	21 TITLE	D ☐ Change ☑ Addition
NAME	HILSON, BETTY JEAN	22 NAME	JAMES RANDOLPH HILSON
STREET ADDRESS	25101 S W 134TH AVE	23 STREET ADDRESS	15410 SW 272ND ST.
CITY-ST-ZIP	PRINCETON FL	24 CITY-ST-ZIP	HOMESTEAD, FLA 33033
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [signature] JAN 26, 1995 305/258-6347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DEBORAH J. HILSON

0110030 CP