

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

**APPROVED AND FILED**

95 APR 14 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Morzani  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 429425 (2)

1. Corporation Name  
**HILLDALE FARMS OF FLA. INC.**

Principal Place of Business: HIGHWAY 41 NORTH, P.O. BOX 1703, LAKE CITY FL 32056-1703 US

Mailing Address: HIGHWAY 41 NORTH, P.O. BOX 1703, LAKE CITY FL 32056-1703 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 06/28/1973

3a. Date of Last Report: 02/17/1994

4. FEI Number: 59-1477816

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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  
**FERGUSON, DALE C.  
111 W. MADISON ST.  
LAKE CITY FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEL, ORLAND R.	1.2 NAME	
STREET ADDRESS	16 WAVERLY DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBURG PA	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JO N	2.2 NAME	
STREET ADDRESS	SPRING HOLLOW BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, JACK	3.2 NAME	
STREET ADDRESS	RT 2 BOX 3074	3.3 STREET ADDRESS	
CITY - ST - ZIP	STARKE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZELL, W.D.	4.2 NAME	
STREET ADDRESS	HODGES ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	CALLAHAN FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNNICUTT, HOMER	5.2 NAME	
STREET ADDRESS	4004 RAINES ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	5.4 CITY - ST - ZIP	
TITLE	STD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, JACK E., JR.	6.2 NAME	
STREET ADDRESS	2347 N. MILLER OAKS DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jo N. Ward* *Jo N. Ward* 1/17/95 (904) 953-1870