

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **429425** (2)
1. Corporation Name
HILLDALE FARMS OF FLA. INC.



Principal Place of Business: **HIGHWAY 41 NORTH, P.O. BOX ~~1708~~ 2109, LAKE CITY FL 32056-~~1708~~ 2109, US**
Mailing Address: **HIGHWAY 41 NORTH, P.O. BOX ~~1708~~ 2109, LAKE CITY FL 32056-~~1708~~ 2109, US**

2. Principal Place of Business: 21 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
2a. Mailing Address: 26 **P.O. Box 2109**
Suite, Apt. #, etc.: 27 []
City & State: 28 []
Zip: 29 **32056-2109** 30 [] Country: 31 []

3. Date Incorporated or Qualified: **06/28/1973**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-1477816** 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

**FERGUSON, DALE C.
111 W. MADISON ST.
LAKE CITY FL**

10. Name and Address of New Registered Agent

81 Name: **HAZEN, JACK E., JR.**
82 Street Address (P.O. Box Number is Not Acceptable): **US HWY 41 NORTH**
83 []
84 City: **LAKE CITY** FL 85 Zip Code: **32055**

11. Pursuant to the provisions of Sections 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE: *Jack E. Hazen Jr.*

4/4/96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BETHEL, ORLAND R.	
STREET ADDRESS	18 WAVERLY DR	
CITY-ST-ZIP	GREENSBURG PA	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WARD, JO N	
STREET ADDRESS	SPRING HOLLOW BLVD.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAZEN, JACK	
STREET ADDRESS	RT 2 BOX 3074	
CITY-ST-ZIP	STARKE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MIZELL, W.D.	
STREET ADDRESS	HODGES ROAD	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUNNICUTT, HOMER	
STREET ADDRESS	4004 RAINES ROAD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HAZEN, JACK E., JR.	
STREET ADDRESS	2347 N. MILLER OAKS DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

See attachment for additions/changes

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)(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 4/4/96 (904) 755-1870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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HILLANDALE FARMS OF FLA., INC.

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CD

HAZEN, JACK E.
RT 2 BOX 3074
STARKE FL 32091

PD

HAZEN, JACK E., JR.
US HWY 41 NORTH
LAKE CITY FL 32055

V

HAMMOND, JOHN R.
12207 WOOD DUCK PLACE
TEMPLE TERRACE FL 33617

ST

WARD, JO N.
SPRING HOLLOW BLVD
LAKE CITY FL 32055

D

BETHEL, ORLAND R.
16 WAVERLY DRIVE
GREENSBURG PA 15601

D

MIZELL, W. DORMAN
HODGES ROAD
CALLAHAN FL 32011

D

HUNNICUTT, HOMER, JR.
4004 RAINES ROAD
BROOKSVILLE FL 34609