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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F45986

(9)

APPROVED AND FILED

1797 JUN 20 PM 2: 58

SECRETARY OF STATE

UNDER	on Name HILL FARMS, I	NC.	(-)	TÁLLAHÁSSEE. FLÓRIÐA						
Principal Place of Business Mailing Address 27695 SW MARTIN HWY 27695 S.W. MARTIN HWY. OKEECHOBEE FL 34974 OKEECHOBEE FL 34974-212 US				·						
						3. Date Incorporated or Qualified				_
Principal Place of Business 21			2a. Mailing Address			4. FEI Number		Ar	pplied For	
Suite, Apt. #, etc.			Suile, Apt. #, etc.			59-2135608			ot Applicable Additional	4
22			27			5. Certificate of Status Desired			Additional equired	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
23			28			Trust Fund Contribution Added to Fees				
Zip 24	Country 25		Zip	Country	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes \(\frac{1}{2} \) Yes \(\subseteq \) No				
[24]	9. Name and Address of Curre		29 30 30 ent Registered Agent			Florida Statutes 10. Name and Address of New F				-
UNC	DERHILL, EDWAR			81	Name		9.010.00	Agont		~
	95 SW MARTIN H			82	Stroot Add	dress (P.O. Box Number is Not Accept	abla)			4
OKEECHOBEE, FL			62 Street Ad			sices (1.0. box number is not Accept	aide)			
349	74			63						1
				84	City		FL	85 Zip (Code	1
11. Pursuant	to the provisions of	Sections 607 050:	2 and 607,1508, Florida Stati	ites, the above	L e-named cor	rporation submits this statement for the	purpose (of changing it	is registered	4
office or o	registered agent, or am familiar with, and	both, in the State Laccept the obliga	ol Florida. Such change was ilions of, Section 607.0505, F	authorized by Florida Statutes	y the corpora s.	rporation submits this statement for the attion's board of directors. I hereby according	ept the ap	pointment as	registered	
SIGNATURE										ļ
12,	Signature, typed or printer	OFFICERS AND		11. Registered Age	ent signature requ	ared when reinstating)	DATE	5 DIDEOTOR		-
TITLE	PT	OF FICENS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF				-
NAME	UNDERHILL, ED	WARD		1.2 NAME		9000022 -06/24/	221	233-	Addition	l
STREET ADDRESS 27695 SW MARTIN HWY				1.3 STREET ADDRESS		-06/24/	/970	110510)08	l
CITY-ST-ZIP	OKEECHOBEE,	FL 00000		1.4 CHY-S	1	米米米辛55	0.00	****55	50.00	l
TITLE	VSD		DELETE	2.1 THLE				Change	Addition	1
NAME	UNDERHILL, CY			2.2 NAME						l
STREET ADDRESS	27695 SW MAR			2.3 \$1REET	ADDRESS					
CITY-ST-ZIP	OKEECHOBEE,	FL 00000		2. 4 CHY-5	51- ZIP					1
TITLE			∐ DELETE	3.1 TITLE				Change	Addition	
NAME STREET ADDRESS				3.2 NAME						l
CITY-ST-ZIP				3 3 STREET	1					l
TITLE			DELETE	3.4. CITY - S 4.1 TITLE	o1-70P			Change	Addition	┨
NAME				4. 2 NAME				LI Change	L_J Addition	l
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY - ST		•				l
TITLE			DELETE	5.1 TITLE	··			☐ Change	Addition	1
NAME .				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY-SI	T - ZIP				Α-	
TITLE			☐ DELETE	6.1 TITLE				Change /	Addition	
NAME OTOGET ADDRESS				6.2 NAME				- 19	Jyk /	
STREET ADDRESS				6.3 STREET				۱r	Μ,,	İ
CITY-ST-ZIP				6.4 CITY - ST	I-ZIP I			11	J1	1.

14. I do 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.