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Feb 22, 1999 8:00 am
Secretary of State

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0020246

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 429425
 1. Corporation Name
HILLDALE FARMS OF FLA., INC.

Principal Place of Business HIGHWAY 41 NORTH P.O. BOX 2109 LAKE CITY FL 32056-4793-2109 US	Mailing Address P.O. BOX 2109 P.O. BOX 4793 P.O. Box 2109 LAKE CITY FL 32056-2109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 06/28/1973	
4. FEI Number 59-1477816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CD	
NAME	HAZEN, JACK E.	
STREET ADDRESS	RT 2 BOX 3074	
CITY-ST-ZIP	STARKE FL	
TITLE	PD	
NAME	HAZEN, JACK E. JR	
STREET ADDRESS	US HWY 41 NORTH	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	V	
NAME	HAMMOND, JOHN R.	
STREET ADDRESS	12207 WOOD DUCK PLACE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	ST	
NAME	WARD, JO N	
STREET ADDRESS	SPRING HOLLOW BLVD	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	
NAME	BETHEL, ORLAND R.	
STREET ADDRESS	16 WAVERLY DRIVE	
CITY-ST-ZIP	GREENSBURG PA	
TITLE	D	
NAME	HUNNICUTT, HOMER JR	
STREET ADDRESS	4004 RAINES ROAD	
CITY-ST-ZIP	BROOKSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	D		
1.2 NAME	Mizell, W. Dorman		
1.3 STREET ADDRESS	5041 Dorman Place		
1.4 CITY-ST-ZIP	Callahan, FL 32011		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: Jo N. Ward, Jo N. Ward Date: 1/5/99 Daytime Phone #: (904)397-1300