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

APPROVED AND FILED
95 APR 28 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **130870** **(9)**

1. Corporation Name
HASTINGS AGRICULTURAL CREDIT CORPORATION

Principal Place of Business	Mailing Address
N. BLVD & ASHLAND AVENUE P.O. BOX 758 HASTING FL 32145	N. BLVD & ASHLAND AVENUE P.O. BOX 758 HASTING FL 32145

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: **06/28/1935**
3a. Date of Last Report: **04/01/1994**
4. FEI Number: **59-6151226** ☐ 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	10. Name and Address of New Registered Agent
VALLANCE, MARY N BLVD & ASHLAND AVE HASTINGS FL 32045	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, typed or printed 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	T	11 TITLE	☐ Change ☐ Addition
NAME	CLIFTON, W W	12 NAME	
STREET ADDRESS	N BLVD & AHSLAND BX 758	13 STREET ADDRESS	
CITY-ST-ZIP	HASTINGS,FL 3	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	VALLANCE, MARY L	22 NAME	
STREET ADDRESS	200 PARK AVE. NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	HASTINGS, FL 0	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	METHVIN, SAMUEL W.	32 NAME	
STREET ADDRESS	RT 1 BOX 92	33 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA, FL 0	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FLOYD, J B, JR	42 NAME	
STREET ADDRESS	PO BOX 81 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	ELKTON, FL 0	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	PACETTI, RICHARD A.	52 NAME	
STREET ADDRESS	5560 STATE ROAD 16	53 STREET ADDRESS	
CITY-ST-ZIP	ST.AUGUSTINE FL	54 CITY-ST-ZIP	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, ALBERT	62 NAME	
STREET ADDRESS	POB 251 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL,FL 00000	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: Mary L. Vallance Mary L Vallance 04-22-95 904 692-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403042 FP