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Pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **337958** **(3)**

1. Corporation Name

HOMESTEAD POLE BEAN COOPERATIVE, INC.

Principal Place of Business	Mailing Address
26000 SOUTH FEDERAL HWY P.O. BOX 2248 NARANJA FL 33032	26000 SOUTH FEDERAL HWY P.O. BOX 2248 NARANJA FL 33032

3. Date Incorporated or Qualified: **11/19/1968**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State: HOMESTEAD, FL
24: Zip: 33032
25: Country: DADE

2a. Mailing Address
26: P.O. BOX 322248
27: Suite, Apt. #, etc.:
28: City & State: HOMESTEAD, FL
29: Zip: 33032-1548
30: Country: DADE

4. FEI Number: **59-1234713** ☐ 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

HILSON, EDWARD
25101 SW 134TH AVENUE
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILSON, EDWARD 25101 S.W. 134TH AVENUE HOMESTEAD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR HILSON, ROBERT 19325 SW 334 STREET HOMESTEAD, FL 33034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUNAGAN, LARRY 14975 SW 232ND ST GOULDS, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR SCHMIDT, ERIC 24350 SW 142 AVENUE HOMESTEAD, FL 33032	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BOREK, JOSEPH E. JR. 600 N.E. 14TH ST. HOMESTEAD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOREK, ROBERT 23550 S.W. 153RD AVENUE HOMESTEAD, FL 33030	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNN, BRUCE 24800 S W 197 AVENUE HOMESTEAD, FL 33032	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEDIGER, WAYNE 24155 S.W. 152ND AVENUE HOMESTEAD FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Wayne Hediger 4/25/96 305-258-4431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WAYNE HEDIGER

Pg 282

59-1234713

HOMESTEAD POLE BEAN COOPERATIVE, INC.

CORPORATE ANNUAL REPORT

1996

SUPPLEMENTARY STATEMENT FOR SECTION 6, NAMES AND STREET ADDRESSES OF EACH OFFICER AND DIRECTOR:

TITLE	NAME AND ADDRESS
D	EAKER, JOHNNY SOUTHERN BEAN FARMS 21500 SW 264 STREET HOMESTEAD, FL 33031