FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **347439** **(2)**

1. Corporate Name
HUNDLEY FARMS, INC.

Principal Place of Business
1216 GALLOP
P.O. DRAWER "H"
LOXAHATCHEE FL 33470

Mailing Address
1216 GALLOP
P.O. DRAWER "H"
LOXAHATCHEE FL 33470

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **06/05/1969**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-1265209** 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 ineligible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HUNDLEY,JOHN L
1216 E. GALLOP
LOXAHATCHEE FL 33470

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 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HUNDLEY, JOHN L	
STREET ADDRESS	1216 E. GALLOP	
CITY, ST, ZIP	LOXAHATCHEE FL	
TITLE	V	☐ DELETE
NAME	HUNDLEY, JOHN S.	
STREET ADDRESS	13743 PEEL COURT	
CITY, ST, ZIP	WEST PALM BEACH FL	
TITLE	STD	☐ DELETE
NAME	HUNDLEY,PATRICIA K.	
STREET ADDRESS	1216 E. GALLOP DR.	
CITY, ST, ZIP	LOXAHATCHEE FL	
TITLE	VDAS	☐ DELETE
NAME	HOPKINS, KRISTA HUNDLEY	
STREET ADDRESS	2635 SUN COVE LANE	
CITY, ST, ZIP	NORTH PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change	☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE	☐ Change	☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE	☐ Change	☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE	☐ Change	☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	☐ Change	☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	☐ Change	☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is accurate. I further certify that this corporation does not qualify for the exemption status in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the documents filed in compliance with 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 above, or on attached amendment, or my name will appear in Block 12 of the corporate annual report with annual fee.

SIGNATURE: Krista H. Hopkins — 1-16-96 — 407-996-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)