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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
HUNDLEY FARMS, INC.

Principal Place of Business	Mailing Address
~~1216 GALLOP~~ P.O. DRAWER "H" LOXAHATCHEE FL 33470	~~1216 GALLOP~~ P.O. DRAWER "H" LOXAHATCHEE FL 33470-3920

3. Date Incorporated or Qualified: 06/05/1969
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business
21: 1440 Harbour Point Dr.
22: Suite, Apt. #, etc.
23: City & State: N. Palm Beach FL
24: Zip: 33410
25: Country: U.S.A.

2a. Mailing Address
26: P.O. Box H
27: Suite, Apt. #, etc.
28: City & State: Loxahatchee FL
29: Zip: 33470
30: Country: U.S.A.

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 intangible 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): 1440 Harbour Point Dr.
83
84 City: N. Palm Beach FL 85 Zip Code: 33410

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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUNDLEY, JOHN L		1.2 NAME	
STREET ADDRESS	~~1216 E. GALLOP~~		1.3 STREET ADDRESS	1440 Harbour Point Dr.
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CITY-ST-ZIP	N. Palm Beach, FL 33410
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUNDLEY, JOHN S.		2.2 NAME	
STREET ADDRESS	13743 PEEL COURT		2.3 STREET ADDRESS	751 Pine Chase Court
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	W. Palm Beach, FL 33414
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUNDLEY,PATRICIA K.		3.2 NAME	
STREET ADDRESS	~~1216 E. GALLOP~~ DR.		3.3 STREET ADDRESS	1440 Harbour Point DR.
CITY-ST-ZIP	LOXAHATCHEE FL		3.4. CITY-ST-ZIP	N. Palm Beach, FL 33410
TITLE	VDAS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOPKINS, KRISTA HUNDLEY		4.2 NAME	
STREET ADDRESS	2635 SUN COVE LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: John L Hundley Pres. 1/14/97 561-996-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #