

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90032 009 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 598945

1. Corporation Name
HATCHELL HILL GROVES, INC.

Principal Place of Business

Mailing Address

% VIRGINIA L. MARSH
424 NORTH OAK AVE.
FORT MEADE FL 33841

% VIRGINIA L. MARSH
424 NORTH OAK AVE.
FORT MEADE FL 33841

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1978

4. FEI Number

59-1878337

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 **406 NE 4th St.**

2a. Mailing Address
26 **406 NE 4th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
Fort Meade, FL

28 City & State
Fort Meade, FL

24 Zip **33841** 25 County **P**

29 Zip **33841** 30 Country

9. Name and Address of Current Registered Agent

MARSH, VIRGINIA L.
424 N. OAK AVE.
FORT MEADE, FL MH FL 33841

10. Name and Address of New Registered Agent

81 Name **Jim C Marsh**

82 Street Address (P.O. Box Number Not Acceptable)
406 NE 4th St

83

84 City **Fort Meade** FL 85 Zip Code **33841**

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

Jim C Marsh **Jim C Marsh**

1/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MARSH, VIRGINIA L.**
STREET ADDRESS **424 N. OAK AVE.**
CITY-ST-ZIP **FORT MEADE, FL 0 33841**

TITLE **VPOD** ☐ DELETE
NAME **JIM C. MARSH**
STREET ADDRESS **406 N.E. 4TH ST.**
CITY-ST-ZIP **FORT MEADE 0 FL 33841**

TITLE **SD** ☐ DELETE
NAME **DAVID L. MARSH**
STREET ADDRESS **1700 SUNNYSIDE DRIVE**
CITY-ST-ZIP **WINTER PARK 0 FL 32790**

TITLE **D** ☐ DELETE
NAME **SUSAN M. WILLIS**
STREET ADDRESS **4416 HALLAM HILL LANE**
CITY-ST-ZIP **LAKELAND 00000 FL 33813**

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VPOD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **STD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: **Jim C Marsh** **Jim C Marsh** **1/11/99** **941/885/8133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0435996