

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **626580** (5)

1. Corporation Name
D. & H. FARMS, INC.

Principal Place of Business
**3201 SOUTH SAPP ROAD.
PLANT CITY FL 33567-9471**

Mailing Address
**1203 W. JOHNSON
PLANT CITY FL 33567
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1979	3a. Date of Last Report 02/27/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1917235	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DYKSTRA, VERNON E., JR.
~~1203 W. JOHNSON ROAD~~ **2008 COUNTRY CLUB CT.**
PLANT CITY FL 33567

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKSTRA, VERNON E., JR.	1.2 NAME	
STREET ADDRESS	1203 W. JOHNSON ROAD	1.3 STREET ADDRESS	2008 COUNTRY CLUB CT
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKSTRA, SHERRI L.	2.2 NAME	
STREET ADDRESS	1203 W. JOHNSON ROAD	2.3 STREET ADDRESS	2008 COUNTRY CLUB CT
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKSTRA, DUSTIN R	3.2 NAME	
STREET ADDRESS	1203 W. JOHNSON ROAD	3.3 STREET ADDRESS	2008 COUNTRY CLUB CT
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKSTRA, DARRY E	4.2 NAME	
STREET ADDRESS	1203 W. JOHNSON ROAD	4.3 STREET ADDRESS	DYKSTRA, DARRY E
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	2008 COUNTRY CLUB CT
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-03-97

813-707-0305

CR2E034 (9/96)