

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 626580

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

Principal Place of Business

**3201 SOUTH SAPP ROAD
PLANT CITY FL 33567-9471**

Mailing Address

**2008 COUNTRY CLUB CT
PLANT CITY FL 33567
US**

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90112 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1979

4. FEI Number

59-1917235

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 5850 HARVEY TEN RD

2a. Mailing Address

26 5850 HARVEY TEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PLANT CITY FL

City & State

28 PLANT CITY FL

Zip Country

24 33565 25 US

Zip Country

29 33565 30 US

9. Name and Address of Current Registered Agent

**DYKSTRA, VERNON E., JR.
2008 COUNTRY CLUB CT 5850 HARVEY TEN RD
PLANT CITY FL 33567
33565**

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)

3-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP
DYKSTRA, VERNON E., JR.
STREET ADDRESS
2008 COUNTRY CLUB CT
CITY-ST-ZIP
PLANT CITY FL

TITLE ☐ DELETE

NAME
D
DYKSTRA, SHERRI L.
STREET ADDRESS
2008 COUNTRY CLUB CT
CITY-ST-ZIP
PLANT CITY FL

TITLE ☐ DELETE

NAME
VP
DYKSTRA, DUSTIN R
STREET ADDRESS
2008 COUNTRY CLUB CT
CITY-ST-ZIP
PLANT CITY FL

TITLE ☐ DELETE

NAME
VP
DYKSTRA, DARRY E
STREET ADDRESS
2008 COUNTRY CLUB CT
CITY-ST-ZIP
PLANT CITY 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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

5850 HARVEY TEN RD

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

5850 HARVEY TEN RD

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

5850 HARVEY TEN RD

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

5850 HARVEY TEN RD.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99

DATE

813-982-5006

DAYTIME PHONE #

CR2E034 (1/98)