FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:34

DOCUMENT # **647040** **(5)**

1. Corporation Name
HARTFORD FARMS, INC.

Principal Place of Business	Mailing Address
BOX 618, HIGHWAY 20 WEST BLOUNTSTOWN FL 32424	BOX 618, HIGHWAY 20 WEST BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1979
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-1940375 ☐ 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

VANLIEROP, JOHANNAS C
815 DOGWOOD AVENUE
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

81 Name: Dwight E. Van Lierop
82 Street Address (P.O. Box Number is Not Acceptable): Rt 2 Box 693A
83:
84 City: Blountstown FL 85 Zip Code: 32424

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: Dwight E. Van Lierop 3/21/95
(Typed or printed name of registered agent and, if an officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COPD	11 TITLE		☒ Change ☐ Addition
NAME	VAN LIEROP, JOHANNAS C.	12 NAME	Delete as COPD	
STREET ADDRESS	815 DOGWOOD AVE	13 STREET ADDRESS	(Deceased)	
CITY-ST-ZIP	BLOUNTSTOWN FL	14 CITY-ST-ZIP		
TITLE	COPD	21 TITLE	President	☑ Change ☐ Addition
NAME	VAN LIEROP, RONALD A/	22 NAME		
STREET ADDRESS	428 MIMOSA ST.	23 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	VAN LIEROP, DWIGHT E.	32 NAME		
STREET ADDRESS	HIGHWAY 69 NORTH	33 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an asterisk.

SIGNATURE: Dwight E. Van Lierop 3/21/95 (904)674-5431
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR (Daytime Phone #)

0410704 FP