

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 647040 (5)
1. Corporation Name
HARTFORD FARMS, INC.

Principal Place of Business BOX 618, HIGHWAY 20 WEST BLOUNTSTOWN FL 32424	Mailing Address BOX 618, HIGHWAY 20 WEST BLOUNTSTOWN FL 32424-0618
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1979	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1940375		Applied For 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	30. 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 VAN LIEROP, DWIGHT E RT 2 BOX 693A BLOUNTSTOWN FL 32424		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		FL	

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* (NOTE: Registered Agent signature required when reinstating) DATE 3/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	VAN LIEROP, RONALD A/	1.2 NAME	Van Lierop, Ronald A
STREET ADDRESS	428 MIMOSA ST.	1.3 STREET ADDRESS	P.O. Box 618, 996 Magnolia Ave.
CITY-ST-ZIP	BLOUNTSTOWN FL	1.4 CITY-ST-ZIP	Blountstown, FL 32424
TITLE	ST	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	VAN LIEROP, DWIGHT E.	2.2 NAME	Van Lierop, Dwight E.
STREET ADDRESS	HIGHWAY 69 NORTH	2.3 STREET ADDRESS	P.O. Box 618, Hwy 275 South
CITY-ST-ZIP	BLOUNTSTOWN FL	2.4 CITY-ST-ZIP	Blountstown, FL 32424
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	700002131767
STREET ADDRESS		5.3 STREET ADDRESS	-04/02/97--01109--022
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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: *Dwight Van Lierop* SECRETARY DATE 2/13/97 904-674-5431

CR2E034 (9/96)