SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $970)

PROFIT 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 JUL -3 AM 8:34

DOCUMENT # 836232 (9)

1. Corporation Name

HOPELAND PLANTING COMPANY, INC.

Principal Place of Business
% LEVERETT S SHAW
7600 IMMOKOLEE RD.
FT PIERCE FL 34951

Mailing Address
% LEVERETT S SHAW
7600 IMMOKOLEE RD.
FT PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1976
3a. Date of Last Report: 08/12/1994

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

2a. Mailing Address
26 c/o BEN L. BRYAN, JR.
Suite, Apt. #, etc.
27 P. O. Box 1000
City & State
28 Fort Pierce, FL
Zip
29 34954 Country 30

4. FEI Number: 72-0440769 ☐ 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

SHAW, LEVERETT S
7600 IMMOKOLEE RD.
FT PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name: BEN L. BRYAN, JR., ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 401-A S. Indian River Dr.
83
84 City: Fort Pierce FL 85 Zip Code: 34950

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] BEN L. BRYAN, JR. President Secretary Director 6/28/95

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	BEN L BRYAN, JR.
STREET ADDRESS	401 S.INDIAN RIVER DR.
CITY-ST-ZIP	FT PIERCE FL
TITLE	PD
NAME	SHAW, LEVERETT S.
STREET ADDRESS	7600 IMMOKOLEE RD.
CITY-ST-ZIP	FT PIERCE FL
TITLE	V
NAME	SHAW, KIRBY S.
STREET ADDRESS	990 N. KINGS HWY.
CITY-ST-ZIP	FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	☒ Change ☐ Addition
NAME	BEN L. BRYAN, JR.	
STREET ADDRESS	401-A S. Indian River Dr.	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE	V	☒ Change ☐ Addition
NAME	KIRBY S. SHAW	
STREET ADDRESS	990 N. Kings Highway	
CITY-ST-ZIP	Fort Pierce, FL 34947	

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/28/95 407-461-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEN L. BRYAN, JR.

CR2E034 (3/95)