

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000003004

1. Entity Name
DARTON INCORPORATION



FILED
Feb 19, 2004 08:00 AM
Secretary of State

Principal Place of Business
**994 HWY. 315
FORTSON, GA 31808-1**

Mailing Address
**994 HWY. 315
FORTSON, GA 31808-1**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2464988

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOGAN, KEVIN
9977 MAHAN DRIVE
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000058379
02/20/04-80027-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HAMPTON, J.D.
STREET ADDRESS	994 HWY. 315
CITY-ST-ZIP	FORTSON, GA 318081
TITLE	D
NAME	HOGAN, BELINDA
STREET ADDRESS	9977 MAHAN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	HAMPTON, SANDRA
STREET ADDRESS	994 HWY. 315
CITY-ST-ZIP	FORTSON, GA 318081
TITLE	S
NAME	HAMPTON, DARRYL
STREET ADDRESS	994 HWY. 315
CITY-ST-ZIP	FORTSON, GA 318081
TITLE	V
NAME	HOGAN, KEVIN
STREET ADDRESS	9977 MAHAN DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3)(i)), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Hampton **Sandra Hampton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2004
Date

106-322-4741
Daytime Phone #