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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005879 (0)

1. Corporation Name
HILL 'N DALE FARM, INC.



Principal Place of Business
65 SPRING CREEK ROAD
BARRINGTON IL 60010

Mailing Address
845 LARCH AVENUE
ELMHURST IL 60126-1114

3. Date Incorporated or Qualified
12/04/1995
3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
36-2755717
Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

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

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 of the person or persons registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUCHOSSOIS, RICHARD L	
STREET ADDRESS	845 LARCH AVE.	
CITY - ST - ZIP	ELMHURST IL 60126	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUCHOSSOIS, CRAIG J	
STREET ADDRESS	845 LARCH AVE.	
CITY - ST - ZIP	ELMHURST IL 60126	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FLANNERY, MICHAEL E	
STREET ADDRESS	845 LARCH AVE.	
CITY - ST - ZIP	ELMHURST IL 60126	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	YERBIC, JAMES S	
STREET ADDRESS	845 LARCH AVE.	
CITY - ST - ZIP	ELMHURST IL 60126	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SHAVELY, CHARLES R	
STREET ADDRESS	845 LARCH AVE.	
CITY - ST - ZIP	ELMHURST IL 60126	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FLEMING, RONALD W	
STREET ADDRESS	845 LARCH AVE.	
CITY - ST - ZIP	ELMHURST IL 60126	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V/CFO
4.3 STREET ADDRESS	FEALY, ROBERT L
4.4 CITY - ST - ZIP	845 LARCH AVE. ELMHURST, IL 60126
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	SHAVELY, CHARLES R
5.4 CITY - ST - ZIP	845 LARCH AVE. ELMHURST, IL 60126
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AT (ASSISTANT TREASURER)
6.3 STREET ADDRESS	FLEMING, RONALD W
6.4 CITY - ST - ZIP	845 LARCH AVE. ELMHURST, IL 60126

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:

Ronald W. Fleming

RONALD W. FLEMING

4/9/97

(630) 279-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)