

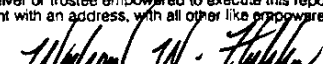


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02-06-2007 90009 047 ***150.00

<div style="border: 1px solid black; padding: 5px;">DOCUMENT # G71483 1. Entity Name A.W. HATCHER FARMS, INC.</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 3142 DELLWOOD CYPRESS RD MARIANNA, FL 32446</div><div>Mailing Address POST OFFICE BOX 957 MARIANNA, FL 32447</div></div></div>		<div style="text-align: right; font-size: small;">02-06-2007 90009 047 ***150.00</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between; font-size: x-small;">01252007 No Chg-P CR2E034 (11/05)</div><div style="display: flex; justify-content: space-between;"><div style="width: 80%;"><div style="border: 1px solid black; padding: 2px; font-size: x-small;">4. FEI Number 59-2347796</div><div style="border: 1px solid black; padding: 2px; font-size: x-small;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div></div></div></div>																																																
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<div style="border: 1px solid black; padding: 5px; font-size: small;">6. Name and Address of Current Registered Agent</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">HATCHER, WOODROW W 5198 CLUB HOUSE DRIVE MARIANNA, FL 32446</div>		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____																																																		
<div style="display: flex; justify-content: space-between;"><div style="width: 30%; text-align: center; font-weight: bold; font-size: small;">FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</div><div style="width: 40%; font-size: x-small;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 30%;"></div></div>																																																		
10. OFFICERS AND DIRECTORS																																																		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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.																																																		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGNATURE: </div><div style="width: 35%; text-align: right;"><div style="font-size: 1.5em; font-weight: bold;">2-16-07</div><div style="font-size: 1.5em; font-weight: bold;">850 482 965</div></div></div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>																																																		