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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J12469 (9) ROGER HATTON FARMS, INC.						# 1811 81811 B1#1 8181 8181	
Principal Place	of Business	Mailing Address					
2727 BACON POINT RD P. O . BOX 204 PAHOKEE FL 33476-0204 US		2727 BACON POINT RD P. O . BOX 204 PAHOKEE FL 33476-0204 US		3. Date Incorporated or Qualified 05/02/1986	3a. Date of Last R	•	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-2679295		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	· ₁		5. Certificate of Status Desired	78C	Additional Required
City & State		City & State			6. Election Campaign Financing		O May Be
3		28			Trust Fund Contribution	1 1	U мау ве d to Fees
Z _I p	Gountry 25	<i>Ζ</i> φ 29	Country 30	;	8. This corporation has liability for Florida Statutes 🔀 Yes	intangible tax under s s	199.032,
	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New I	Registered Agent	
			81	Name			
NOWICKI, MARK J. 1155 U S HWY ONE, STE 302 JUNO BCH. FL 33408			82	Street Add	ress (P.O. Box Number is Not Acceptat	ble)	
			83	ļ			
JUNO BI	JH. FL 33408						
			84 Orty			FL 85 Z	p Code
or registere	ed agent, or both, in the State of Flori	ida. Such change was authoriz	red by the corp	named corpo poration's boa	oration submits this statement for the purel of directors. I hereby accept the app	irrogse of changing its i	registered office Lagent, Lam
or registere familiar with SIGNATURE	nd agent, or both, in the State of Flori	ida: Such change was authoriz tion 607.0505, Florida Statutes	red by the corp	oration's boa	of directors. I hereby andept the app	rpose of changing its i pointment as registered DATE	agent. I am
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oath; that it is information indicated on this amount report of supplemental annual reports of the accordance and that my signature shall have the same legal energy and that one 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: Caral Carling CAROL
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL ARLINE

4/22/96

407-924-2455

Daytime Phone #

CR2E034 (12/95)