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**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90105 010 \*\*\*158.75

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **J15525** ✓ (5)  
 1. Corporation Name  
**HATTON FARMS, INC.**

Principal Place of Business: 2727 BACON POINT RD, P.O. BOX 204, PAHOKEE FL 33476-0204, US

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 22  
 23  
 24

3. Date Inc. Corporation or Business: 05/21/1986  
 3a. Date of Last Meeting: 03/29/1994

4. FEI Number: 59-2699330

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 intangibles under S. 607.03, Florida Statutes:  Yes  No

547179 - 90017 - 47 9

9. Name and Address of Current Registered Agent

81 Name: NOWICKI, MARK J.  
 82 Street Address (P.O. Box Number is Not Acceptable): 1155 U.S. HIGHWAY ONE  
 83 JUNO BEACH FL 33408  
 84 City: JUNO BEACH  
 85 State: FL

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 principal 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.

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_  
 85 State: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1999

14. SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1999
1. TITLE: PD 2. NAME: HATTON, ROGER C. 3. STREET ADDRESS: 2727 BACON POINT RD 4. CITY - ST - ZIP: PAHOKEE FL	1. TITLE: _____ 2. NAME: _____ 3. STREET ADDRESS: _____ 4. CITY - ST - ZIP: _____
5. TITLE: ST 6. NAME: CONLEY, ADA BUSH 7. STREET ADDRESS: 281 CARISSA DRIVE 8. CITY - ST - ZIP: PAHOKEE FL	9. TITLE: _____ 10. NAME: Carol Arline 11. STREET ADDRESS: 2316 1/2 Bacon Pt. Rd. 12. CITY - ST - ZIP: PAHOKEE, FL 33476
9. TITLE: _____ 10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY - ST - ZIP: _____	13. TITLE: _____ 14. NAME: _____ 15. STREET ADDRESS: _____ 16. CITY - ST - ZIP: _____
13. TITLE: _____ 14. NAME: _____ 15. STREET ADDRESS: _____ 16. CITY - ST - ZIP: _____	17. TITLE: _____ 18. NAME: _____ 19. STREET ADDRESS: _____ 20. CITY - ST - ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated by S. 607.0302, Florida Statutes. I 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 effect as if I were personally appearing before the Secretary of State and executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, whichever is applicable, in an attachment with an address.

SIGNATURE: *Carol H. Arline* Carol H. Arline 2/15/95 (407) 924-2455

