FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L56281 (3)

1. Corporation Name
HARLOFF FARMS OF EAST TENNESSEE, INC.

Principal Place of Business
2851 GRIGSBY RD
~~P. O. BOX 1787~~
MORRISTOWN TN 37814
US

Mailing Address
~~2851 GRISBY ROAD~~
P. O. BOX 1787
BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0177302 — Applied For / Not Applicable
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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 2851 Grigsby Rd
Suite, Apt. #, etc
22
City & State
23 Morristown TN
Zip
24 37814
Country
25

2a. Mailing Address
26 PO box 1787
Suite, Apt. #, etc.
27
City & State
28 Bradenton Fl
Zip
29 34206-1787
Country
30

9. Name and Address of Current Registered Agent

MCGUIRE AND PARRY
1001 THIRD AVENUE WEST
SUITE 600
BRADENTON FL 34205

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☒ Addition
NAME	TIPTON, JOHN A.	1.2 NAME	
STREET ADDRESS	6210 GLEN ABBEY LN	1.3 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	1.4 CITY ST ZIP	34202
TITLE	PD	2.1 TITLE	☐ Change ☒ Addition
NAME	HARLOFF, ROGER W.	2.2 NAME	
STREET ADDRESS	8104 OAK DR	2.3 STREET ADDRESS	
CITY ST ZIP	ELLENTON FL	2.4 CITY ST ZIP	34222
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 in Section 119.07(3)(k), 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: J L O Tipton Sec/Treas John A Tipton 813-729-5871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0454231 FP