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FILED

May 21 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 # P15974 (9)

1. Corporation Name  
HICKORY FARMS, INC.

Principal Place of Business

1505 HOLLAND ROAD  
PO BOX 219  
MAUMEE OH 43537

Mailing Address

1505 HOLLAND ROAD  
PO BOX 219  
MAUMEE OH 43537-0219



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/15/1987

3a. Date of Last Report

04/03/1996

4. FEI Number

34-1533409

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

TITLE P ☐ DELETE  
NAME DYER, ROBERT A  
STREET ADDRESS 1701 GOLF ROAD, TOWER 3 SUITE 106  
CITY- ST- ZIP ROLLING MEADOWS IL

TITLE VP ☐ DELETE  
NAME HERB, IRUS R.  
STREET ADDRESS 1505 HOLLAND ROAD  
CITY- ST- ZIP MAUMEE OH

TITLE VP ☒ DELETE  
NAME EDWARDS, JAMES E.  
STREET ADDRESS 1505 HOLLAND ROAD  
CITY- ST- ZIP MAUMEE OH

TITLE S ☐ DELETE  
NAME BRENHOLT, JOHN  
STREET ADDRESS 1505 HOLLAND ROAD  
CITY- ST- ZIP MAUMEE OH

TITLE CS ☒ DELETE  
NAME CARROLL, PHILLIP  
STREET ADDRESS 3127 WINSTON BLVD  
CITY- ST- ZIP TOLEDO OH

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition  
1.2 NAME ALIMUHAL, ANWAR  
1.3 STREET ADDRESS 1126 ALGONQUIN, 1P  
1.4 CITY- ST- ZIP SCHAMBERG, IL 60195

2.1 TITLE TREASURER ☐ Change ☒ Addition  
2.2 NAME BRENHOLT, JOHN  
2.3 STREET ADDRESS 1505 HOLLAND ROAD  
2.4 CITY- ST- ZIP MAUMEE, OHIO 43537

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
3.2 NAME BRENHOLT, JOHN  
3.3 STREET ADDRESS 1505 HOLLAND ROAD  
3.4 CITY- ST- ZIP MAUMEE, OHIO 43537

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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:

*John Brenholt* SIGNATURE REQUIRED John Brenholt 5/6/97 (419) 893-7611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)