

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90106 019 \*\*\*150.00

DOCUMENT # P15974

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1987

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

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

TITLE D ☐ DELETE

NAME ALIMUMAL, ANWAR  
STREET ADDRESS 1701 GOLF ROAD TOWER THREE  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

TITLE VP ☐ DELETE

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

TITLE VPTS ☒ DELETE

NAME BRENHOLT, JOHN  
STREET ADDRESS 1505 HOLLAND ROAD  
CITY-ST-ZIP MAUMEE OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME John J. Langdon  
3.3 STREET ADDRESS 1505 Holland Road  
3.4 CITY-ST-ZIP Maumee, OH 43537

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Robert A. Dyer, Jr.  
4.3 STREET ADDRESS 1701 Golf Road, Suite 110  
4.4 CITY-ST-ZIP Rolling Meadows, IL 60008

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME John Sprague  
5.3 STREET ADDRESS 30 Rockefeller Plaza, Suite 4525  
5.4 CITY-ST-ZIP New York, NY 10112

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Terry J. Blumer  
6.3 STREET ADDRESS 30 Rockefeller Plaza, Suite 4525  
6.4 CITY-ST-ZIP New York, NY 10112

14. I 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 indicates that 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, with all other like empowered.

SIGNATURE:

John J. Langdon

4/16/99

419-893-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

05-49639