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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018709 (4)

HIGH HOPES FARM, INC.

Principal Place of Business 31825 INVESTOR ROAD SORRENTO FL 32776

FILED Jan 30 1998 8:00am Secretary of State



Mailing Address P. O. BOX 936 MT. DORA FL 32757 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/25/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3171816 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRADDOCK, JACK K 31825 INVESTOR RD Street Address (P.O. Box Number is Not Acceptable) SORRENTO FL 83 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 reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 T/TI F Addition Change BRADDOCK, JACK K NAME 12 NAME 31825 INVESTOR RD STREET ADDRESS 1.3 STREET ADDRESS SORRENTO FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition BRADDOCK, ELIZABETH L NAME 2.2 NAME 31825 INVESTOR RD STREET ADDRESS 2.3 STREET ADDRESS SORRENTO FL CITY-\$T-ZIP 2, 4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET AOORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP

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 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 colpolation 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 chapter or on an attachment with an address.

SIGNATURE: