

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:11

DOCUMENT # **P93000070817 (0)**

1. Corporation Name

HAMBRA FARMS, INC.

Principal Place of Business

**ROUTE 1, BOX 196Y
LAKE DISSTON RD., SR 305A
BUNNELL FL 32110**

Mailing Address

**ROUTE 1, BOX 196Y
LAKE DISSTON RD., SR 305A
BUNNELL FL 32110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1993	3a. Date of Last Report 03/29/1994
4. FEI Number 59-3209794	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	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	29. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

**HAMBLIN, D.R.
ROUTE 1, BOX 196Y
LAKE DISSTON RD., SR 305A
BUNNELL FL 32210**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 the corporation)

(Signature typed or printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	HAMBLIN, D.R.	2. NAME	
STREET ADDRESS	RT. 1, BOX 196Y	3. STREET ADDRESS	
CITY, ST, ZIP	BUNNELL FL 32110	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	☐ Change ☐ Addition
NAME	HAMBLIN, JOYCE	6. NAME	
STREET ADDRESS	RT. 1, BOX 196Y	7. STREET ADDRESS	
CITY, ST, ZIP	BUNNELL FL 32110	8. CITY, ST, ZIP	
TITLE	D	9. TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, DALE A	10. NAME	
STREET ADDRESS	P.O. BOX 221 N/A	11. STREET ADDRESS	
CITY, ST, ZIP	SEVILLE FL 32190	12. CITY, ST, ZIP	
TITLE	D	13. TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, CAROLE P	14. NAME	
STREET ADDRESS	P.O. BOX 221 N/A	15. STREET ADDRESS	
CITY, ST, ZIP	SEVILLE FL 32190	16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. 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 199.03(2)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to make 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:

David R. Hamblin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Hamblin

(904) 437-1506