

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039842 (7)

1. Corporation Name

HI COTTON PRODUCE FARMS, INC.

Principal Place of Business

Mailing Address

5732 LAWTON DRIVE
SARASOTA FL 34233

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SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/26/1994

4. FEI Number

Applied For

65-0513200

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 State, Apt. #, etc.

25 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

29

26

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COTTON, DON C
5732 LAWTON DR.
SARASOTA FL 34233

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 of person appointed as registered agent and the corporation)

(Signature of the person appointed as registered agent and the corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

11 NAME
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

11 NAME
12 NAME
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(2)(b), Florida Statutes. I further certify that this information is 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 liquidator appointed to administer this report as required by Chapter 137, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or occurred attachment with an addition.

SIGNATURE: Don C. Cotton

(Signature and typed or printed name of listing officer or director)

4/24/95

813-924-3036