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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9400063247 (8)

HURST FAIR ACRE FARMS, INC.

Principal Place 593 RAFLEY RD		Mailing Address 593 RAFLEY RD NEW SLIYDNA REACH SI	•						
NEW SMIRNS	DEMON PE NELOO	NEW OMINING DERON TE	95100.0040			3. Date Incorporated or Qualified 08/26/1994		ite of Last F 17/1996	Report
······	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt	the rate	Suite Apt. #, etc.				59-3270261			ot Applicable Additional
22	r, or.	27				5. Certificate of Status Desired			equired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
2φ [α]	Country	Zip 29	Coun	itry		8. This corporation has liability for i	ntangible ] Yes = [		199.032,
24	25 9. Name and Address of Curr		30		·····	10. Name and Address of New Re			
HUR	ST, CARLOS	· · · · · · · · · · · · · · · · · · ·		81	Name				
593	RAFLEY ROAD		1	B2	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
NEW	SMYRNA BEACH FL 32168			_					
				B3					
			6	B4	City		FL	<b>85</b> Zip	Code
office or r	egistored agent, or both, in the Sta m lamitar with, and accept the obl	te of Florida. Such change was igations of, Section 607.0505, Fl	authorized orida Statu	by tes	the corporat	oration submits this statement for the pion's board of directors. I hereby accep	the app	changing i	ts registered registered
12.	Sturm ver type a companied name or registered a OFFICERS A	ND DIRECTORS	13.	Ager	nt signature requir	ed when reinslating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D	DELETE	1.5 TITL	.E				Change	Addition
NAME:	HURST, CARLOS C		1.2 NAM	ΑE					
STREET ADDRESS	593 RAFLEY RD	400	1 3 STR	EET .	ADDRESS				
CHY+ST-ZP	NEW SMYRNA BEACH FL 32	168	1.4 CiTY		1 - ZIP			Change	Addition
TOTALE NAME	D Hurst, eva mae	[ ] Perest	21 TITL 22 NAM					LI Change	AQQIJION
STREET AODRESS	593 RAFLEY RD		1		ADDRESS				
CITY-ST-7-P	NEW SMYRNA BEACH FL 32	168	2. 4 C(T		1		4		
1 [1]	The state of the s	DELETE	3.1 TITL	.E				Change	Addition
NAME			3.2 NAN	Æ					
STREET ADORESS					ADDRESS				
TOLE		DELETE	3.4. CIT		I - ZIP			Change	Addition
NAME		hand he was to	4, 2 NA						
STREET ACCORESS			4.3 STR	EET.	ADDRESS				
City Styzie			4.4 CiT)	Y - ST	i-ZIP				
TiTLE		☐ DEt ETE	5.1 TITL	E				☐ Change	Addition
NAM:			5.2 NAN						
STREET ADDRESS					ADORESS				
COTY - ST- 7IP TILLE	5 - Committee - Co	DELETE	5.4 CITY 6.1 TITL		1 - ZIP		<del></del>	Change	Addition
NAME :			62 NAN						
STREET ADDRESS					ADDRESS	,			
CHY \$1-ZP			6.4 City	Y-S1	T-ZIP				
informatic Larman o	m indicated on this annual report o	r supplemental annual roport is or the receiver or trustee empoy or on an attachment with an ad-	true and ac vered to ex	ccu	irate and that	d in Section 119.07(3)(i), Florida Statute my signature shall have the same lega rt as required by Chapter 607, Florida S	l effect as	sif made un	nder oath; that

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR

1-7-97 (401)339-040

**FILED** 

Apr 01 1997 8:00am

Secretary of State