

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

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000041341 (5)

1. Corporation Name

HICKEY ORGANIC GRINDING, INC.

Principal Place of Business

30 SOUTH FERNWOOD DRIVE  
ROCKLEDGE FL 32955

Mailing Address

30 SOUTH FERNWOOD DRIVE  
ROCKLEDGE FL 32955-2912



2. Principal Place of Business

21 9831 S. Orange Ave.

Suite, Apt. #, etc.

22 City & State

23 Orlando FL

Zip

24 32824

Country

25 USA

2a. Mailing Address

26 P.O. Box 770913

Suite, Apt. #, etc.

27 City & State

28 Orlando FL

Zip

29 32877-0913

Country

30 USA

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

03/26/1996

4. FEI Number

59-3320686

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

9. Name and Address of Current Registered Agent

HICKEY, JOHN W

~~99 WALLARD STREET, SUITE 302~~

11848 SINDLESHAM CT

ORLANDO FL 32837

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 HICKEY, CLAUDIA P  
NAME  
STREET ADDRESS 30 S FERNWOOD DR  
CITY-ST-ZIP ROCKLEDGE FL

TITLE D HICKEY, NANCY B  
NAME  
STREET ADDRESS 11848 SINDLESHAM CT  
CITY-ST-ZIP ORLANDO FL

TITLE D HICKEY, THOMAS M  
NAME  
STREET ADDRESS 30 SOUTH FERNWOOD DRIVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - DIRECTOR  
1.2 NAME HICKEY, JOHN W.  
1.3 STREET ADDRESS 11848 SINDLESHAM CT.  
1.4 CITY-ST-ZIP Orlando FL 32837

2.1 TITLE SECRETARY - DIRECTOR  
2.2 NAME RAYMOND M. ALPERT, JR.  
2.3 STREET ADDRESS 74 SAINT MELLON  
2.4 CITY-ST-ZIP NASHVILLE TN 37215

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE: R.M. Alpert, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2-18-97  
Daytime Phone # 615 377-3994

CR2E034 (9/96)