

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095773

Entity Name: FRIERSON FARMS, INC.

FILED
Mar 29, 2012
Secretary of State

Current Principal Place of Business:

5895 E CR 720
MOORE HAVEN, FL 33471 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1686
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0678246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOCK, ALAN
5895 E CR 720
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P TR
Name: HAMMOCK, ALAN
Address: 5895 E CR 720
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: VP S
Name: HAMMOCK, ARDIS H
Address: 5895 E CR 720
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: DIR
Name: HAMMOCK, ROBERT A JR.
Address: 5955 E CR 720
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: DIR
Name: HAMMOCK, SARAH A
Address: 235 E ARCADE AVE
City-St-Zip: CLEWISTON, FL 33440 US

Title: DIR
Name: HAMMOCK, ALAN
Address: 5895 E COUNTY ROAD 720
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: DIR
Name: HAMMOCK, ARDIS H
Address: 5895 E COUNTY ROAD 720
City-St-Zip: MOORE HAVEN, FL 33471 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARDIS HAMMOCK

VP

03/29/2012

Electronic Signature of Signing Officer or Director

Date