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FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000032776 (2)

1. Corporation Name

HATTON'S HARMONY FARMS, INC.

Principal Place of Business

161 S. FLAME AVE
PAHOKEE FL 33476

Mailing Address

161 S. FLAME AVE
PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HATTON, TRAVIS
161 S. FLAME AVE.
PAHOKEE FL 33476

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 P ☐ DELETE

NAME HATTON, TRAVIS E
STREET ADDRESS 161 S. FLAME AVE.
CITY-ST-ZIP PAHOKEE FL 33476

TITLE VPST ☐ DELETE

NAME HATTON, ANNE W
STREET ADDRESS 161 S. FLAME AVE.
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)

#26907

(2)

Internal Revenue Service
Atlanta Service Center

Department of the Treasury

Date 9-12-97

Telephone Number: (770) 455-2360

Name and Current Mailing Address

Hutton S. Harmony Farms
Inc.
161 S. Hane Ave
PAHOKEE, FL 33476

Phone Number

Best Time to Call

Person to Contact

Work ()

Home ()

Dear Taxpayer:

We are sorry, but we can't process your application for an employer identification number (Form SS-4), because more information is needed. We are returning the form to you so you can take the necessary action and send it back to us for processing. Please provide the information indicated for the box(es) checked below.

- ☐ 1. Social Security Number on line 7 of Form SS-4.
- ☐ A. Corporation - President, vice president, or other principal officer.
 - ☐ B. Partnership - One of the partners
 - ☐ C. Trust - Trustee/grantor (If grantor is deceased, need SSN of Trustee as well.)
 - ☐ D. Estate - Personal Representative, exec., or admin. (in addition to decedent on line 8a)
 - ☐ E. Non-Resident Alien - Copy of passport, VISA, birth cert., drivers license, or other state identification.
 - ☐ F. Canadian Citizen - Copy of social security card, birth certificate, passport, drivers license, or other state ID.
 - ☐ G. Other - Owner, sole proprietor, or trustor of trust.
 - ☐ H. Copy of social security card (Note: The name indicated does not match the SSN on our records.)
- ☐ 2. Location Address of Business on line 5a and 5b of Form SS-4 (actual physical location of building).
- ☐ 3. Business Operational Date on line 10 of Form SS-4.
- ☐ A. Corporation - Date incorporated with state
 - ☐ B. Partnership - Date partnership agreement went into effect
 - ☐ C. Trust - Date trust was created
 - ☐ D. Estate - Date of death of the decedent
 - ☐ E. Other - Date business or organization started
- ☐ 4. Fiscal Year Month on line 11 of Form SS-4.
- ☐ 5. Principal Activity of Business on line 14 of Form SS-4.
- ☐ 6. Telephone Number of Business (below line 17c of Form SS-4).
- ☐ 7. Signature
- ☐ A. Corporation - President, vice president, corporate secretary, or treasurer
 - ☐ B. Partnership - One of the partners
 - ☐ C. Trust or Estate - Personal representative, executor, or any third party representing the trust or estate
 - ☐ D. Other - Any third party signing the Form SS-4 must attach Form 2648, Power of Attorney and Declaration of Representative, or Form 5621, Tax Information Authorization
- ☐ 8. Our records indicate the name of your corporation has already been established. We will need a copy of your articles of incorporation from the state.

(over) →

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Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly

1 Name of applicant (Legal name) (See instructions.) HATTON'S HARMONY FARMS, INC.					
2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name			
4a Mailing address (street address) (room, apt., or suite no.) 161 S. Flame Ave		5a Business address, if different from address in lines 4a and 4b Same			
4b City, state, and ZIP code PAHOKEE, FL. ##\$&¢		5b City, state, and ZIP code PAHOKEE, FL. 33476			
6 County and state where principal business is located PALM BEACH CO. FLORIDA					
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ TRAVIS E. HATTON 594-16-2133					
8a Type of entity (Check only one box.) (See instructions.) <input checked="" type="checkbox"/> Sole Proprietor (SSN) 594-16-2133 <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Trust <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization					
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ FLORIDA		State		Foreign country	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ starting in 1998 <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____					
10 Date business started or acquired (Mo., day, year) (See instructions.) Target Date of 01-31-98			11 Enter closing month of accounting year. (See instructions.) December		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ _____					
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ 0			Nonagricultural		Agricultural
			Household		
14 Principal activity (See instructions.) ▶ _____					
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____					
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ Small acreage farming <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A					
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ _____ Trade name ▶ _____					
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (Please type or print clearly.) ▶ TRAVIS HATTON Pres.			Business telephone number (include area code) Home Phone 561-924-7022		
Signature ▶ <i>Travis E. Hatton</i>			Date ▶ 5-29-96		
Note: Do not write below this line. For official use only.					
Please leave blank ▶		Geo.	Ind.	Class	Size
					Reason for applying