

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90037 042 ***150.00

DOCUMENT # P96000032776

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 65-0897011

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 135 BACOM PT. RD

Suite, Apt. #, etc.

22 PAHOKEE, FL 33476

City & State

23

Zip

24 33476

Country

25 USA

2a. Mailing Address

26 135 BACOM PT. RD.

Suite, Apt. #, etc.

27 PAHOKEE FL 33476

City & State

28

Zip

29 33476

Country

30 USA

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

HATTON TRAVIS

82 Street Address (P.O. Box Number is Not Acceptable)

135 BACOM PT. RD.

83

PAHOKEE

84 City

PAHOKEE

FL

85 Zip Code

33476

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

3-24-99

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 PRESIDENT ☐ Change ☐ Addition

1.2 NAME HATTON, TRAVIS
1.3 STREET ADDRESS 1515 E. MAIN ST.
1.4 CITY-ST-ZIP PAHOKEE, FL 33476

2.1 TITLE VPST ☐ Change ☐ Addition

2.2 NAME HATTON, ANNE W.
2.3 STREET ADDRESS 1515 E. MAIN ST.
2.4 CITY-ST-ZIP PAHOKEE, FL 33476

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, with all other like empowered.

SIGNATURE:

Anne W. Hatton / ANNE W. HATTON / VPST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-99

Date

561-924-5168

Daytime Phone #

0374060

CR2E034 (11/98)