

FILED
Jul 07, 2000 8:00 am
Secretary of State
07-07-2000 90459 034 ***550.00

HATCHETT CREEK FARMS, INC.

Mailing Address
11713 NE STATE ROAD #26
GAINESVILLE FL 32641

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

| |
|----------------|
| Applied For |
| Not Applicable |

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GRIFFITH, GEORGE W JR. | |
| STREET ADDRESS | 5621 NW 42ND ROAD | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | GRIFFITH, SUSAN M | |
| STREET ADDRESS | 5621 NW 42ND ROAD | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST- ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------------------------------|
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| | |
|----------------|--|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
|----------------|---|--|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| TITLE | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |

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| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| | | | | |
|-----------------|--|--|---------------------------------|-----------------------------------|
| TITLE | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #