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

DOCUMENT # P98000067956

1. Corporation Name

HICKORY HILL FARMS, INC.

Principal Place of Business

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90020 046 ***150.00



LARGO FL 33	STREET NORTH	11211-691H S1R LARGO FL 3377						
LANGO FL 33	3//3	CHIQO I E 3377	,			DO NOT WRITE IN T	HIS SPACE	
						3. Date incorporated or Qualifed		
						08/04/1998		
2. Principal	Place of Business	2a. Mailing Add	iress			4. FEI Number 65 -086 - 903	Api	olied For
21		26				65-086-90=		Applicable
Suite, Ap	pt. #, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		27						<u> </u>
City & St	tate ·	City & State	•			6. Election Campaign Financing	\$5.00 Added to	
23		28 Zin		ountry		Trust Fund Contribution		3 rees
Zip	Country	Zip	30	Ountry		This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of C	29		$\overline{}$		10. Name and Address of New Register		
 	9. Name and Address of C	untent itegistered Agent	······································	81	Name	10, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14		
LE(COMPTE, MORRIS A							
100 SECOND AVENUE SOUTH				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 1201				83				
	PETERSBURG FL 33701							
				84	City	F	-	ode
11 Pursuai	int to the provisions of Sections 60	7.0502 and 607.1508. Flo	rida Statutes, the	above	e-named corpo	pration submits this statement for the purpose	of changing its	registered
office o	or registered agent, or both, in the S I am familiar with, and accept the o	State of Florida, Such cha	nna was authorizi	ed hv i	the corporation	n's board of directors. I hereby accept the ap	pointment as req	jistered
Į	THOOMER MO		.0000, Florida Ok	atutes.	•	4/27	1/00	
SIGNATUR	RE LECOMPTE, MO	ed agent and title if applicable.	(NOTE: Register	red Agen	it signature required	when reinstating) DATE	7 9 9	
12.	OFFICER	RS AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS		
71TD C			DELETE 1.1	TITLE	P'.	TDC	Change	XX Addition
TITLE	,							
NAME	,		1.2	NAME	Di	ENNIS PESKIN		
1	ss				!	ENNIS PESKIN 22 DOGWOOD TRACE		
NAME	ss		1.3 1.4		ADDRESS 2	22 DOGWOOD TRACE	34689	V-3 4 140
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CITY-ST-ZIP I hereby certify that the information supplied with this filing does not quality 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

teruired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR