

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



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

**1996**

DOCUMENT # **S37461**

*5-1-96 B-5121-AC (8)*

1. Corporation Name  
**HIDDEN HAMMOCK DAIRY, INC.**



Principal Place of Business

**4141 SE 180TH ST  
SUMMERFIELD FL 34491**

Mailing Address

**4141 SE 180TH ST  
SUMMERFIELD FL 34491**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**SIVERSON, H NELS  
4141 SE 180TH ST  
SUMMERFIELD FL 34491**

3. Date Incorporated or Qualified  
**03/08/1991**

3a. Date of Last Report  
**04/24/1995**

4. FEI Number  
**59-3056731**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report

Signature of the person filing this report

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>S</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SIVERSON, MARILYN A</b>  |                                 |
| STREET ADDRESS | <b>4141 SE 180TH ST</b>     |                                 |
| CITY-STATE-ZIP | <b>SUMMERFIELD FL</b>       |                                 |
| TITLE          | <b>P</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SIVERSON, NELS H</b>     |                                 |
| STREET ADDRESS | <b>4141 SE 180TH STREET</b> |                                 |
| CITY-STATE-ZIP | <b>SUMMERFIELD FL</b>       |                                 |
| TITLE          | <b>V</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>JOHNSON, RICHARD</b>     |                                 |
| STREET ADDRESS | <b>700 SE 35TH ST.</b>      |                                 |
| CITY-STATE-ZIP | <b>OCALA FL 32671</b>       |                                 |
| TITLE          | <b>T</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>MARZELLA, ROCCO</b>      |                                 |
| STREET ADDRESS | <b>P.O. BOX 214 N/A</b>     |                                 |
| CITY-STATE-ZIP | <b>SPARR FL 32192</b>       |                                 |
| TITLE          | <b>VP</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>VAN HOUTEN, TOM</b>      |                                 |
| STREET ADDRESS | <b>5422 S.E. 113TH ST.</b>  |                                 |
| CITY-STATE-ZIP | <b>BELLEVIEW FL</b>         |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-ZIP |                                                                   |

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(b), 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 as an alternate agent with an address.

SIGNATURE: *Marilyn A. Siverson* **MARILYN A. SIVERSON** 3/10/96 352-245-4575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)