

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

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90080 029 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **S37461**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/08/1991

4. FEI Number
59-3056731

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	SIVERSON, MARILYN A	
STREET ADDRESS	4141 SE 180TH ST	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SIVERSON, NELS H	
STREET ADDRESS	4141 SE 180TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD	
STREET ADDRESS	700 SE 35TH ST.	
CITY-ST-ZIP	OCALA FL 32671	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VAN HOUTEN, TOM	
STREET ADDRESS	5422 S.E. 113TH ST.	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIVERSON, TORMOD N.	
STREET ADDRESS	4141 SE 180TH ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V.P. VAN HOUTEN, TOM
4.3 STREET ADDRESS	8010 SE. 123RD LANE
4.4 CITY-ST-ZIP	BELLEVIEW, FL. 34420
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marilyn A. Iverson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 352-245-4575
 Date Daytime Phone #

CR2E034 (1/198)