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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

266329

(2)

EVERGLADES FARM EQUIPMENT CO., INC.

**FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T 1881/8 1/9/5 BAINE SILON ANNS HOLD CON GLOW		il £ibil Blûit ibbi	
STATE ROAD P O BOX 910 BELLE GLADE		P O BOX 910	STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE FL 33430		DO NOT WRITE IN THIS SPACE				
						<ol> <li>Date Incorporated or Qualified 01/21/1963</li> </ol>			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26	26			59-1000566	Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Fee Required		
City & State	9	City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be			
23			Z <sub>ID</sub> Country			Trust Fund Contribution Added to Fees			
Zip	Country	Zip		ıtry		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current yea	ar Intangible	
24	25 Name and Address of Cur	rent Registered Agent	30			10. Name and Address of New Registe			
90	<u></u>	Tent regional Agent		B1	Name	10.			
	HLECHTER, JOHN 0 RTH CHOSEN RD		<u> </u>			(D.O. Day N. John in Not Accomple)			
	LLE GLADE FL 33430			B2 B3	Street Add	reet Address (P.O. Box Number is Not Acceptable)			
				B4	City		-L	Zip Code	
11. Pursuant to the provisions of Socilons 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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    Street tree hand or winted pears of tree shared point and title a presignation (NC15 Registered Agent signature required when rejustation)   DATE									
Signature, typed or printed name of registered agent and title diapplicable (NOTE Re					nt signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
12.	OFFICERS AND DIRECTORS  DELETE		13.	1.1 TOTLE		ADDITIONS/CHANGES TO OFFICERS	Cha		
NAME	SCHLECHTER, MARY R.	La becció	1.2 NAN						
STREET ADDRESS	STATE ROAD 715 NORTH		1.3 STREET ADDRE		ADDRESS				
CITY-ST-ZIP	BELLE GLADE FL			1.4 CITY-ST-ZIP				ļ	
TITLE	D D D D D D D D D D D D D D D D D D D	DELETE 2.1					[ ] Cha	nge Addition	
NAME	SCHLECHTER, JOHN		2.2 NAME						
STREET ADDRESS	STATE ROAD 715 NORTH			2.3 STREET ADDRESS					
CITY-ST-ZIP	BELLE GLADE FL			2.4 CITY - ST-ZIP					
TITLE				3.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME	SCHLECHTER, ELEANOR		3.2 NA/	3.2 NAME					
STREET ADDRESS			3.3 STF	3.3 STREET ADDRESS					
CITY-ST-ZIP	BELLE GLADE FL			Y - \$	T-ZIP				
TITLE	Ť	☐ DELETE	4.1 TITI	.£			☐ Cha	nge Addition	
NAME	\$CHLECHTER,ELEANOR		4. 2 NA	ΜE					
STREET ADDRESS	STATE ROAD 715 NORTH		4.3 STF	EET A	ADDRESS				
CITY-ST-ZIP	<b>B</b> ELLE GLADE FL	<u> </u>	4.4 CIT	Y-ST	í - ZIP				
TITLE		☐ DELETE	5.1 TITI	E			Cha	inge 🔲 Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5 3 STF	IEET A	ADDRESS			į	
CITY-ST-ZIP			5 4 CIT	Y-SI	I-ZIP				
TITLE		DELETE	,61 THT	.E			Cha	inge 🔲 Addition	
NAME	•		6 2 NA	ME					
STREET ADDRESS			6.3 STF	EET /	ADDRESS				
CITY-ST-ZIP			6.4 CIT	ITY-ST-ZIP					
14. I hereby o	ertify that the information supplier	d with this filing does not qualify	for the exe	mpi	ion stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify tha	at 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change or or an attachment with an address.

Manior