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 # 266329

EVERGLADES FARM EQUIPMENT CO., INC.

of Business	Mailing Address			İ				
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0 DON 510				DO NOT W	RITE IN THIS SPA	ACE		
BELLE GLADE FL 33430 BELLE GLADE FL 33430								
	2. Mailing Address					Appli	ed For	
ace of Business				***		Not /	Applicable	
						8.75 Ad	ditional	
ŧ, etc.				5. Certificate of Status Desired	, '	Fee Requ	uired	
<u> </u>			 -	s Election Campaign Financia	na	\$5.00 M	av Be	
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Country				current year Intang	ible			
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9. Name and Address of Curren	it Kegisteren Agent		81 Name					
ECHTER JOHN O								
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			84 City	The second secon	CI (35 Zip Co	ide ''''	
				the state of the s	the number of the	nging its r		
				ion's board of directors. I hereby ac	ccept the appointm	ent as regi	stered	
m tarmillar with, and accept the oblige	tions of course or inner,							
Signature, typed or printed name of registered age	nt and title if applicable. (NO	OTE: Registered	Agent signature require	ed when reinstating)	DATE			ć
		13.		ADDITIONS/CHANGES TO			S IN 12	
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	Country 25 9. Name and Address of Current ECHTER, JOHN 0 TH CHOSEN RD E GLADE FL 33430 to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligation of the obligation of the country o	STATE ROAD 715 NORT P 0 BOX 910 BELLE GLADE FL 33430 ace of Business 2a. Mailing Address 26 4, etc. Suite, Apt. #, etc. 27 City & State 28 Country Zip 25 9. Name and Address of Current Registered Agent LECHTER, JOHN 0 TH CHOSEN RD E GLADE FL 33430 to the provisions of Sections 607.0502 and 607.1508, Florida State agistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 607.0505, in Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS VP SCHLECHTER, MARY R. STATE ROAD 715 NORTH BELLE GLADE FL DELETE	STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE FL 33430 ace of Business 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent LECHTER, JOHN O TH CHOSEN RD E GLADE FL 33430 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the agistered agent and title if applicable. OFFICERS AND DIRECTORS 13. VP CHECKTER, MARY R. SCHLECHTER, MARY R. STATE ROAD 715 NORTH BELLE GLADE FL DELETE 21T	STATE ROAD 715 NORTH P 0 BOX 910 BELLE GLADE FL 33430	5 NORTH P O BOX 910 BELLE GLADE FL 33430 BELLE GLADE FL 33430 BELLE GLADE FL 33430 DO NOT W 3. Date Incorporated or Qualif 01/21/1963 4. FEI Number 59-1000566 5. Certificate of Status Desired 7. City & State 7. City & State 8. This corporation owes the expersonal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Addres	5 NORTH STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE FL 33430 BELLE GLADE FL 33430 2a. Mailing Address	SOURTH STATE ROAD 715 NORTH P O BOX 910 L 33430 BELLE GLADE FL 33430 BELLE GLADE FL 33430 2a. Mailing Address 2b. Mailing Address 2c of Business 2c of B	STATE ROAD 715 NORTH P O BOX 195 NORTH STATE ROAD 715 NORTH P O BOX 195 NORTH P O BOX 195 NORTH P O BOX 195 NORTH BELLE GLADE FL 33430 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed O1/2/1/1963 4. FEI Number 59-1000566

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90027 043 ***150.00

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 attaction of the receiver of the corporation of the receiver of trustee empowered.