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PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 329375

1. Corporation Name

CROP DUSTERS, INC.

FILED
Jan 22, 1999 8:00an
Secretary of State

01-22-1999 90065 025 ***150.00

A MARKET - THE SPECT						an i 3111 a 1811 e18 11 a 1817 i	
Principal Pla	ice of Business	Mailing Address			42		
AIRPORT ROA		AIRPORT ROAD					
P.O. BOX 454		P.O. BOX 454					
BELLE GLADE	E FL 33430	BELLE GLADE FL 33430				TE IN THIS SPACE	
}					3. Date Incorporated or Qualifed		
l					04/26/1968		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1304789		Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				\$8.7	5 Additional
22	, , , , , ,	27			5. Certifcate of Status Desired	7	Required
City & Sta	ate	City & State			6. Election Campaign Financing	¢ E	00
23	,	28			Trust Fund Contribution	1 1	00 May Be led to Fees
Zip	Country	Zip	Countr	D/			eo lo rees
⊢		⊢ '	_	y	8. This corporation owes the curr		
24 :	25	29	30		Personal Property Tax.	Y Yes	□ No
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New F	Registered Agent	
, Pari	POIC CHAIA D		8	1 Name			
	BOIS, SILVIA R		8:	2 Street Addr	ess (P.O. Box Number is Not Accepta	able)	
1	SOUTH FLAGLER DR SUITE 13	30	1	- 000000	das (to. Box Hamber is Hot Hoospie	(1010)	n.5 •
WE	ST PALM BEACH FL 33401		8:	3	. 201. 1 ()	13. 10. 1881 2. 1. 1. 2. 1	5 131 15 101
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1			8-	4 City		85	Cip Code
A Property of the Control of the Con	· · · · · · · · · · · · · · · · · · ·					<u> </u>	
11. Pursuan	it to the provisions of Sections 607,0502 registered agent, or both, in the State o am familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida, Such change was ai	es, the abou	ve-named corporation	oration submits this statement for the	purpose of changing	j its registered s registered
agent. I	am familiar with, and accept the obligation	ons of, Section 607 0505, Flor	ida Statute	es.	on a board of directors. I ficieby doce,	и и о арропинста	a registered
1					and the second second		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature required	d when reinstating)	DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Age	ent signature required	d when reinstating) ADDITIONS/CHANGES TO OF		TORS IN 12
	Signature, typed or printed name of registered agent						
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	13.			FICERS AND DIRE	
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD RODRIGUEZ, FRANCISCO	DIRECTORS	13. 1.1 TITLE 1.2 NAME			FICERS AND DIRE	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD RODRIGUEZ, FRANCISCO P.O. BOX 454,NA	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS		FICERS AND DIRE	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD RODRIGUEZ, FRANCISCO P.O. BOX 454,NA BELLE GLADE FL	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ET ADDRESS ST-ZIP		FICERS AND DIREC	ge 🗌 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD RODRIGUEZ, FRANCISCO S P.O. BOX 454,NA BELLE GLADE FL VD	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS ST-ZIP		FICERS AND DIRE	ge 🗌 Addition
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valify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not indicated on this annual report of suppofficer or director of the corporation of Block 12 or Block 13 if changed or po plemental annual report is true the receiver or trustee empoy

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4560 SOUTH SHORE

WEST PALM BEACH FL

CR2E034 (11/98)