

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 02, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **498273 (2)**  
1. Corporation Name  
**INDEPENDENT AG, INC.**



Principal Place of Business: **4100 GLADES ROAD P. O. BOX 12519 FT. PIERCE FL 34979**  
Mailing Address: **4100 GLADES ROAD P. O. BOX 12519 FT. PIERCE FL 34979**

2. Principal Place of Business: **21 P.O. Box 171519 Suite Apt. # etc: Orlando, FL 22 City & State: 23 24 32807 25 Orange 26 P.O. Box 171519 27 Orlando, FL 28 29 32807 30 Orange**

3. Date Incorporated or Qualified: **03/05/1976** 3a. Date of Last Report: **03/17/1995**  
4. FFI Number: **59-1673230** 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

9. Name and Address of Current Registered Agent  
**SULLIVAN, E.H. 4100 GLADES ROAD FT. PIERCE FL 33450**

10. Name and Address of New Registered Agent  
81 Name: **Jesse Wooten**  
82 Street Address (P.O. Box Numbers Not Acceptable): **209 N. Goldenrod Rd.**  
83  
84 City: **Orlando, FL** 85 Zip Code: **32807**

11. Pursuant to the provisions of Sections 607.0602 and 607.1803, 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 607.0602, Florida Statutes.

SIGNATURE: **X Jesse Wooten** **X Jesse Wooten** **3/28/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SULLIVAN, E H</b>	
STREET ADDRESS	<b>4100 GLADES ROAD</b>	
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOOTEN, JESSE</b>	
STREET ADDRESS	<b>P. O. BOX 188 N/A</b>	
CITY - ST - ZIP	<b>FROSTPROOF FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>TUNNO, W CHAMP</b>	
STREET ADDRESS	<b>1010 CITRUS AVE</b>	
CITY - ST - ZIP	<b>HAINES CITY, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANCH, GREG</b>	
STREET ADDRESS	<b>P O BOX 940 N/A</b>	
CITY - ST - ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, KEITH</b>	
STREET ADDRESS	<b>P O BOX 1087 N/A</b>	
CITY - ST - ZIP	<b>WAUCHULA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, TOM</b>	
STREET ADDRESS	<b>P O BOX 8001 N/A</b>	
CITY - ST - ZIP	<b>SANFORD FL</b>	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Wooten, Jesse</b>	
13 STREET ADDRESS	<b>P.O. Box 171519</b>	
14 CITY - ST - ZIP	<b>Orlando, FL 32807</b>	
21 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Don Watts</b>	
23 STREET ADDRESS	<b>312 Buena Vista Dr.</b>	
24 CITY - ST - ZIP	<b>Lake Alfred, FL 33850</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or separate 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 or person 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 a certificate with an effective date.

SIGNATURE: **X Jesse Wooten** **3/28/96** **941-635-2281**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)