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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

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



Principal Place of Business: P O BOX 766367 ORLANDO FL 32667 US
 Mailing Address: P O BOX 677567 ORLANDO FL 32667-7567 US

3. Date Incorporated or Qualified: 03/05/1976
 3a. Date of Last Report: 04/02/1996

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

4. FEI 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 (checked)

9. Name and Address of Current Registered Agent
 WOOTEN, JESSE
 209 N. GOLDENROD RD
 ORLANDO FL 32667

10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____
 (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	WOOTEN, JESSE	72 North Ave
NAME			Frost Proof, FL
STREET ADDRESS			33843
CITY-ST-ZIP			
TITLE	D	WEBB, DON	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD	TUNNO, W CHAMP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	BRANCH, GREG	335 N. E. Wauchula Ave
NAME			Ocala, FL 34478-0940
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	DAVIS, KEITH	194 Will Duke Rd
NAME			Wauchula, FL 33873
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	MOORE, TOM	Hwy 17 92 at SR
NAME			418
STREET ADDRESS			Sanford, FL 32712-800
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *W. C. Tunno* ASSIST SECRETARY 1-10-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)