FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

[redacted] 1998

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

FILED
98 JUL 13 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755718 (4)

1. Corporation Name

FLORIDA AGRICULTURAL RESOURCES MOBILIZATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
216 W COLLEGE AVE STE 202 TALLAHASSEE FL 32301	P.O. BOX 1050 TALLAHASSEE FL 32302-1050

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/31/1980
3a. Date of Last Report: 08/07/1996
4. FEI Number: 59-2051328 ☐ 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

LEWIS, A. EUGENE
216 W COLLEGE AVE
STE 201
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City / 85 Zip Code

FL

-07/15/98--01074--002
*****465.00 *****70.00

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, EUGENE A.		1.2 NAME	
STREET ADDRESS	2206 MAHON DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	
TITLE	CHAR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MIXSON, WAYNE		2.2 NAME	
STREET ADDRESS	2219 DEMERON ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	
TITLE	VCH	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BESHEARS, FRED H.		3.2 NAME	
STREET ADDRESS	765 E. WASHINGTON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32345		3.4 CITY-ST-ZIP	
TITLE	D/S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FORREST, SR.		4.2 NAME	
STREET ADDRESS	RT. 4 - BOX 163E		4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JIM		5.2 NAME	
STREET ADDRESS	401 LEE HALL - FAMU		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32307		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LEE, ROBERT C		6.2 NAME	
STREET ADDRESS	106 E COLLEGE AVE #900		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Eugene Lewis PSTD 4/30/98
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR AGENT