

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 755718					
1. Corporation Name FLORIDA AGRICULTURAL RESOURCES MOBILIZATION FOUNDATION, INC.					
Principal Place of Business 216 W COLLEGE AVE STE 202 TALLAHASSEE FL 32301			Mailing Address P.O. BOX 1050 TALLAHASSEE FL 32302		

APPROVED
AND
FILED

59 MAY -3 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/31/1980	
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			
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 FL 85 Zip Code	

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS/D LEWIS, EUGENE A. 2208 MAHON DR. TALLAHASSEE FL 32308 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002868343-8 -05/07/99--01143-016 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAR MIXSON, WAYNE 2219 DEMERON ROAD TALLAHASSEE FL 32312 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCH BESHEARS, FRED H. 765 E. WASHINGTON ST. MONTICELLO FL 32345 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S DAVIS, FORREST, SR. RT. 4 - BOX 163E QUINCY FL 32351 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JIM 401 LEE HALL - FAMU TALLAHASSEE FL 32307 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ROBERT C 106 E COLLEGE AVE #900 TALLAHASSEE FL 32301 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 1/28/99 880-420-5000

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene Lewis* 1/28/99 880-420-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, SECRETARY, OR TRUSTEE

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