

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90013 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000243**

1. Corporation Name  
**AGRESERVES, INC.**

Principal Place of Business  
**139 E. SOUTH TEMPLE #110  
SALT LAKE CITY UT 84111-1103**

Mailing Address  
**139 E. SOUTH TEMPLE #110  
SALT LAKE CITY UT 84111-1103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/19/1994</b>	
				4. FEI Number <b>87-0481574</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GENHO, PAUL 13754 DESERET LAND ST CLOUD FL 34773-9381</b>		10. Name and Address of New Registered Agent 81 Name <b>Ferren Squires</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>13754 Deseret Lane</b> 83 <b>St Cloud</b> 84 City <b>FL</b> 85 Zip Code <b>34773-9381</b>	
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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 Ferren Squires Ferren Squires 1/6/99  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREER, JOHN W</b>	1.2 NAME	
STREET ADDRESS	<b>139 EAST SOUTH TEMPLE, STE 110</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMOREAUX, ROBERT D</b>	2.2 NAME	
STREET ADDRESS	<b>139 EAST SOUTH TEMPLE, STE 110</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWAN, ROBERT L</b>	3.2 NAME	
STREET ADDRESS	<b>139 EAST SOUTH TEMPLE, STE 110</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	3.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUECKERT, THOMAS G.</b>	4.2 NAME	
STREET ADDRESS	<b>139 E SOUTH TEMPLE #110</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISTISEN, MARTIN J.</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 2308</b>	5.3 STREET ADDRESS	<b>A. Dale Dunn,</b>
CITY-ST-ZIP	<b>RIC-CITIES WA</b>	5.4 CITY-ST-ZIP	<b>10366 Barnsdale Drive,</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<b>Boise, ID-83704-336</b>
NAME	<b>BROWN, HAROLD</b>	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>50 EAST NORTH TEMPLE 7TH FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALE LAKE CITY UT</b>	6.4 CITY-ST-ZIP	

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 607, 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: Thomas G. Rueckert 1/8/99 801-359-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)