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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90024 032 \*\*\*158.75

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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 # **J00884**

1. Corporation Name  
**SUMMITT AGR-INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

812 CLUBHOUSE DR  
PRESCOTT AZ 86303  
US

812 CLUBHOUSE DR  
PRESCOTT AZ 86303  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **1205 Hopi Dr**

26 **1205 Hopi Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
23 **Prescott AZ**

27  
28 **Prescott AZ**

24 **86303** 25 **US**

29 **86303** 30 **US**

9. Name and Address of Current Registered Agent

**FERRER, JOSE**  
**C/C INDUSTRIAL FEED INT'L**  
**782 NW LEJUNE RD.**  
**MIAMI FL 33134**

3. Date Incorporated or Qualified

**02/25/1986**

4. FEI Number

**59-2639676**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **JOSE FERRER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**11001 SW 50th CT**

83

84 City **PINECREST** FL 85 Zip Code **33126**

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 of 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

  
Signature, typed or printed name of registered agent and (file if applicable).

**JOSE FERRER (Address chg)**  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PDM**

NAME **DUDICK, DONALD A**

STREET ADDRESS **HC30 BOX 1553, 8750 LIVE OAK**

CITY-ST-ZIP **PRESCOTT AZ**

TITLE **DST** ☐ DELETE

NAME **DUDICK, M. L.**

STREET ADDRESS **HC30 BOX 1553, 8950 LIVE OAK**

CITY-ST-ZIP **PRESCOTT AZ**

TITLE **ASD** ☐ DELETE

NAME **DUDICK, MICHAEL A.**

STREET ADDRESS **106 HIGH ST**

CITY-ST-ZIP **BRECKENRIDGE CO**

TITLE **ATD** ☐ DELETE

NAME **DUDICK, BRIAN E.**

STREET ADDRESS **20818 WALLINGFORD SQ., #303**

CITY-ST-ZIP **STERLING VA 20165**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-2-98** **520 4455541**

CR2E034 (11/98)