

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K79654**1. Entity Name  
AGLIME SALES, INC.**Principal Place of Business**% RONALD C. JOHNSON  
P. O. DRAWER 840  
LAKE WALES  
338590840

FL

**Mailing Address**% RONALD C. JOHNSON  
P. O. DRAWER 840  
LAKE WALES  
338590840

FL

**2. Principal Place of Business**

% RONALD C. JOHNSON

**3. Mailing Address**

% RONALD C. JOHNSON

Suite, Apt. #, etc.

P. O. DRAWER 840

Suite, Apt. #, etc.

P. O. DRAWER 840

City &amp; State

LAKE WALES

FL

City &amp; State

LAKE WALES

FL

Zip

338590840

Country

US

Zip

338590840

Country

US

**4. FEI Number****59-2942009**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**JOHNSON, RONALD C.  
122 EAST TILLMAN AVENUELAKE WALES  
338590840

FL

**7. Name and Address of New Registered Agent**

Name

JOHNSON RONALD C

Street Address (P.O. Box Number is Not Acceptable)  
202 E STUART AVE.City  
LAKE WALES

FL

Zip Code  
33853

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **RONALD C. JOHNSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/27/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON RONALD C.	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAHNA JAMES A.	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BASSETT, RAY L.	
STREET ADDRESS	122 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON RONALD C	
STREET ADDRESS	202 E STUART AVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHNA JAMES A	
STREET ADDRESS	202 E STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT RAY L	
STREET ADDRESS	202 E STUART AVE.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: RONALD C JOHNSON**

STD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)