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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90058 041 \*\*\*150.00

DO NOT WRITE IN THIS SPACE?

3. Date Incorporated or Qualifed

DOCUMENT #	P93000046505
1. Compretion Name	, 00000

AG. LABOR, INC.

Principal	Place of	of Bus	iness

607 NW AVENUE L' BELLE GLADE FL 33430 Mailing Address

PO BOX 1841

CLEWISTON FL 33440

Suite, Apt. #. etc.    Common	
Suite, Apt #, etc. 272	plied For
Sulle, Apf. #, etc. 22	t Applicable
City & State   Country   Country   Country   Country   State   Country   Country   State   Country   State   Country   State   Country	
28	<del></del>
Zip	
9. Name and Address of Current Registered Agent  BALLARD, PATRICIA L  607 NW AVENUE L  SUITE 5  BELLE GLADE FL 33430  11. Pursuant to the provisions by Sections 607.0502 and 607.1509. Phrids Statutes, the above-hamed corporation submits this statement for the purpose of changing its office or registered agent, by both, in the State of Floority Suyfr drange was suthorized by the composition in submits this statement for the purpose of changing its office or registered agent, by both, in the State of Floority Suyfr drange was suthorized by the composition in submits this statement for the purpose of changing its office or registered agent, by both, in the State of Floority Suyfr drange was suthorized by the composition in Suprise of Changing its office or registered agent, and maintain with, and agent the origination. Suprised 607.0502. Phrids Statutes  11. Pursuant to the provisions by Sections 607.0502 and 607.1509. Phrids Statutes the above-hamed corporation submits this statement for the purpose of changing its office or registered agent, and suprised submits this statement for the purpose of changing its office or registered agent, and maintain with, and support the composition is submits this statement for the purpose of changing its office or registered agent, and suprised agent age	o rees
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11. Pursuant to the provisions of Sections 607 0502 and 807 1508. Pride Statutes, the above-parend corporation submits this statement for the purpose of changing its office or registered againt, or both, in the State of Florids. System and againt. I am familiar with in any applications. System of 10 0506. Florida Statutes by the comporation's board of directors. I hereby accept the appointment as registered againt and use if applicables. [NoTE: Repleated Againt againtment required when registered againt and use if applicables. [NoTE: Repleated Againt againtment required when registered againtment as registered againtment and use if applicables. [NoTE: Repleated Againt againtment required when registered againtment as registered againtment and use if applicables. [NoTE: Repleated Againtment required when registered againtment as registered againtment and use if applicables. [NoTE: Repleated Againtment required when registered againtment as registered againtment and use if applicables. [NoTE: Repleated Againtment required when registered againtment as registered againtment againtment as registered againtment againtment as registered againtment as regist	
11. Pursuant to the provisions of Sections 807.0502 and 807.1508 Aprida Statutes, the above-named corporation submits statement for the purpose of changing its office or registered againt, br both, in the State of Florida Statutes, the above-named corporation submits statement for the purpose of changing its agent. I am familiar with single-cept the obligations of South 61.000 Purpose Statutes  Signature  Signature, byth or printed manne of registated agent and little of applicable.  NOTE: Registered Apolt Statutes  PD  DATE  12. OFFICERS AND DIRECTORS  TITLE  BALLARD, PATRICIA L  PO BOX 1841 N/A  CIEWISTON FL 33440  14 CGTY-ST-ZP  TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  ADME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-ZP  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  1.2 TITLE  1.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  1.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  1.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  1.4 CGTY-ST-ZP  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.4 CGTY-ST-ZP  TITLE  DELETE  4.1 TITLE  Change  CHA	
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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 suppliertental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: