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

Mailing Address

100 THORNHILL RD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000038523

1. Corporation Name

Principal Place of Business

100 THORNHILL RD

AGRILEASE CORPORATION

AVONDALE FL 33823 AVONDALE FL 33823 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/29/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3442383 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00-May-Be City & State 6. Election Campaign Financing AUBURN DALE, FL AUBURNDALE Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HADLOW, RICHARD B 82 Street Address (P.O. Box Number is Not Acceptable) 220 FRANKLIN ST. **TAMPA FL 33602** 83 84 City 85 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ DELETE POT 1.1 TITLE TITLE SWANDER, ROBERT R 4344 MACLAURIN DR. NAME 1.2 NAME 6344 MACLAMIDIN DR 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33647** 1.4 CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE ٧S SWANDER, DARREN 2.2 NAME NAME 1315 S STARRY NIGHT ST STREET ADDRESS 2.3 STREET ADDRESS WESLEY CHAPEL FL 33543 CITY-ST-ZIF 2. 4 CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE BRUMBACH, JOEL J. BAUMBACH, JOEL J 32 NAME NAME 100 THORNHILL RD 3.3 STREET ADDRESS STREET ADDRESS AUBURN DALE, FL 33823 AVONDALE FL 9382-3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

Secretary of State 05-07-1999 90033 002 \*\*\*150.00 513934 - 90033 - 2

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May 07, 1999 8:00 am

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 chapted, or on, attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

DARREN SWATOOR

64 CITY-ST-ZIP

4-30-99

(941) 967-4191