FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	NGS AGRICULTURAL CRE	•	•		
Principal Place	of Business	Maling Address			
N. BLVD & ASHLAND AVENUE P.O. BOX 758 HASTING FL 32145		N. BLVD & ASHLAND AVENUE P.O. BOX 758 HASTING FL 32145		Date Incorporated or Qualified	
• Pananal Dia	ace of Business	Las Malas Agrica		06/28/1935 04/28/1995	
2. Emilizatione 21	ice of business	2a, Mailing Address	,	4. FEI Number Applied For S9-6151226 Not Applied be	
Suite, Apt. #, etc.		Suite, Apt. #, e		¢0.75 August 1	
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zω	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,	
24	g. Name and Address of Curre	29 ont Registered Agent	[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent	
			81 Nan		
VALLAN	ICE, MARY			(0.00)	
N BLVD & ASHLAND AVE HASTINGS FL 32045			82 Stre	et Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City	7-0-1	
				FL 85 Zip Code corporation submits this statement for the purpose of changing its registered office	
SIGNATURE	Speaks, speakarpedetnase of regularistag OFFICERS AN	ta diferaçõias ND DIRECTORS	dsOff - Fegetered Age disgraf	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THILE	T	💆 DELETE	1 1 TI*LE	Change Addition	
NAME	CLIFTON, W W		1.2 NAME		
STREET ADDRESS	N BLVD & AHSLAND BX 75	8	1 3 STREET ADDRES	5	
CITY-ST-ZIP TITLE	HASTINGS,FL 3 S	FT DELETE	14 CiTY-ST ZIP		
NAME	VALLANCE, MARY L		2 1 TULE 2 2 NAME	Change Addition	
STREET ADDRESS	200 PARK AVE. NORTH		2.3 STREET ADDRES	e	
CITY -ST - ZIP	HASTINGS, FL 0		2.4 CiTY-ST ZiP	2	
TITLE	D	DELETE		Change Addition	
NAME .	METHVIN, SAMUEL W.		3.2 NAME		
STREET ADDRESS	RT 1 BOX 92		3.3 STREET ADDRES	ss	
CHY-SI-ZIF	EAST PALATKA, FL 0		3 4 CHY - S1 - ZIP		
	LAGI FALATIVA, FE U				
i	D	DELETE	4. 1 TOLE	☐ Change ☐ Addition	
NAME	D FLOYD, J B, JR	☐ DELETE	4.2 NAME		
NAME STREET ADDRESS	D FLOYD, J B, JR PO BOX 81 N/A	☐ DELETE	4.2 NAME 4.3 S7REET ADDRES		
NAME STREET ADDRESS	D Floyd, J B, Jr Po Box 81 N/A Elkton, Fl 0		4.2 NAME 4.3 STREET ADDRES 4.4 CHY-ST-ZIF	s	
NAME STREET ADDRESS STREET ADDRESS STREET	D FLOYD, J B, JR PO BOX 81 N/A ELKTON, FL 0 VD	DELETE	4.2 NAME 4.3 STREET ADDRES 4.4 CHY-ST-ZIF 5.1 THEF		
NAME STREET ADDRESS TITLE NAME	D FLOYD, J B, JR PO BOX 81 N/A ELKTON, FL 0 VD PACETTI, RICHARD A.		4.2 NAME 4.3 STREET ADDRES 4.4 CHY-ST-ZIF 5.1 TILE 5.2 NAME	Vice Pres & Treasurer XX Change Addition	
NAME STREET ADDRESS THE STATE OF THE STATE O	D FLOYD, J B, JR PO BOX 81 N/A ELKTON, FL 0 VD PACETTI, RICHARD A. 5560 STATE ROAD 16		4 2 NAME 4 3 STREET ADDRES 4 4 CHY-ST-ZIP 5 1 TILE 5 2 NAME 5 3 STREET ADDRES	Vice Pres & Treasurer XX Change Addition	
NAME STREET ADDRESS THE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP	D FLOYD, J B, JR PO BOX 81 N/A ELKTON, FL 0 VD PACETTI, RICHARD A.		4.2 NAME 4.3 STREET ADDRES 4.4 CHY-ST-ZIF 5.1 THLF 5.2 NAME 5.3 STREET ADDRES 5.4 CHY-ST-ZIF	Vice Pres & Treasurer XX Change Addition	
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certify that the information indicated on this annual report or supplemental annual report is true 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 trusted 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

SIGNATURE: 1) Way & Wallance Mary I Vallance, Sec 04 22 96 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904/692-1210

Captale Phone #