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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 14 1997 8:00am

Secretary of State

•	MENT # 22639 S FEED & SUPPLY, INC.	• •					DJAJU DVANI 1884
Principal Place of Business Mailing Address						8/8/1 8/8/1 6/8/1 6/8/1	81810 81811 1681
901 WEST CANAL ST P O BOX 593 BELLE GLADE FL 83430		901 WEST CANAL ST P O BOX 593 BELLE GLADE FL 33490-(
•					3. Date incorporated or Qualified	3a. Date of La	• •
2, Principal Place of Business 2a, Maring Address					07/29/1959 4. FEI Number	05/01/199	Applied For
26					[Not Applicable
Sulte, Apt.	27 de, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & Star 23	te	City State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 24	Country Z ₁ D		Coun	Country 8, This corporation has liability for intangible to 10 Florida Statutes X Yes			er s. 199.032,
	g, Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
HARVILLE, A.J. 901 W CANAL STREET BELLE GLADE FL 33430			8	Street Address (P.O. Box Number is Not Acceptable)			
			8 8	34 City		FL 85 2	rip Code
agent. I a SIGNATURE	Signature, typod or printed name of registered				poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	PD			<u> </u>	1300110110101010101010	☐ Chan	
NAME	HARVILLE, A.J.	1.2		E.			
STREET ADDRESS	901 W CANAL ST	1.3		3 STREET ADDRESS			[5
CITY-ST-ZIP	BELLE GLADE FL	······		- ST- ZIP			
TITLE	VP	DELETE 2.170				∐ Chan	ge L. Addilion C
NAME Street address !	HARVILLE, JANIE 901 W CANAL ST	A4144 AF		E ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL			(-ST-ZIP			
TITLE	D	DELETE 31 TIT				☐ Chan	ge Addition
NAME	BRACKIN, RADA	3.2 NA		r I			}
STREET ADDRESS	901 W. CANAL ST.	33 S		ET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL	Thirty.		-ST-ZIP			
TITLE		DELETE	4.1 TOLE 4. 2 NAME			L Chan	ge Addition
STREET ADDRESS							
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TOLE			☐ Chan	ge Addition
NAME			5.2 NAME				
STREET ADDRESS		5.3:		ET ADDRESS			
CITY-ST-ZIP				- S1 - 7IP			
TITLE	DELETE 6.1		6.1 TITLE			Chang	ge Addition
NAME			6.2 NAMI	-			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			64 CITY	-ST · ZIP			

I do 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 Statutos; and that my name appears in Block 12 or Block 13 if chapged, or on an atlachment with an address.