SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name 479606

(6)

AL-MACK FARM SUPPLY, INC.

FILED Oct 15 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			4 LORINE BINCH LORIN MINCH MINCH MARIN MINE MIN	
18021 SW 75T	TH AVE.	18021 SW 75TH AVE				
ARCHER FL 3	2618	ARCHER FL 32618-3007				
US US				DO NOT WRITE IN THIS SPACE		IIS SPACE
[3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address			06/26/1975 4. FEI Number	
21	idoo oi Daamess)	26		59-1609053	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		38-1008033	Not Applicable \$8.75 Additional
22		t	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the o	current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Registers	d Agent
MCINTOSH, ALVIRA E				81 Name		
	OLD OAKS RD		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
ARU	CHER FL 32618		0.0			
!			83	'		
			84	City	-	85 Zip Code
FL 3 24 COOR						
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 ramiliar with, and accept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE	Signalure, typed or printed name of registers	d apeni and title if applicable (NC	OTF: Registered	Agent signature reg	guired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE			Change Addition
NAME	MCINTOSH, ALVIRA E	1.2 N				
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	AROHER FL		1.4 CITY-S	T-ZIP		
TITLE	ST	DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME	2.2 NAME		·
STREET ADDRESS	18021 SW 75TH AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ARCHER FL		2.4 CITY-S	T-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE			
CITY-ST-ZIP			3.4 CITY-S	T-ZIP		
TITLE '		L_] DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ŽIP		
NAME		L DELETE	5.1 TITLE			Change Addition
			5.2 NAME	ADDECC		
STREET ADDRESS	*1		5 3 STREET	1		
CITY-ST-ZIP TITLE		[] pc/ pz	5.4 CITY-ST-ZIP 6.1 TITLE			
NAME		L DELETE	6.2 NAME			Change Addition
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
l						

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 frustee 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.