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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 479606



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90034 019 ***150.00

AL-MAC	K FARM SUPPLY, INC.							
Principal Place	e of Business	Mailing Address	-		T (MANI) ANDIC COURT (MISA MINE AN	16 0 3 161 (111 16 111	ar div is dib ar v is	JO DIBU (886)
18021 SW 75TH AVE. 18021 SW 75TH AVE ARCHER FL 32618 ARCHER FL 32618-3007 US US					DO NOT WRITE IN THIS SPACE			
•					3. Date incorporated or Qualifed			
					± 06/26/1975			
2. Principal Place of Business 21 302 N. UN Versity Ave. 26 SAME Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	- 3.		lied For Applicable
					59-1609053		\$8.75 A	
2 A K	her FL.	27			5. Certifcate of Status Desired	□ ·	Fee Rec	
City & Stat		City & State			6. Election Campaign Financing		\$5.00 1	May Be
23 32	2618 ALACHUA	- 28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Inta	ngible	≥ ₹Ño
24	25	<u> </u>	30		Personal Property Tax. 10. Name and Address of New	Panistered A		20110
	9. Name and Address of Curren	t Registered Agent	81	Name	TO. Name and Address of New	registered F	yent	
MCINTOSH, ALVIRA E								
561 OLD OAKS RD ARCHER FL 32618			82	Street Addr	ess (P.O. Box Number is Not Accept	abie)		
			83			P 4		
			0.4	Cit.			85 Zip C	ode
			84	City		FL	23 £ip 0	000
SIGNATURE	Signature, typed or printed name of registered ager			nt signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12
TITLE	P	□ DELETE	1.1 TITLE		7,00		Change	Addition
NAME	MCINTOSH, ALVIRA E	_	1.2 NAME					
STREET ADDRESS	44444 4141 4444		1.3 STREET	TADDRESS	•			
CITY-ST-ZIP	ARCHER FL		1.4 CITY-S	T-ZIP				
TITLE	ST DELETE		2.1 TITLE				☐ Change	☐ Addition
NAME	MCINTOSH, ALVIRA		2.2 NAME		-			
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	ARCHER FL		2. 4 CITY-5	ST-ZIP			Charac	C Addition
TITLE	DELETE		3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP TITLE		□ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP			Change	Addition
			4. 2 NAME				_ `	_
NAME STREET ADDRESS			4.3 STREE	TADDRESS	•			
CITY-ST-ZIP			4.4 CITY-S					
TITLE			5.1 TITLE	'''			' Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME				•	i
STREET ADDRESS				TADDRESS				
	1		64 CITY D	T 710				

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

352-495-1244