

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 JAN 13 AM 9:21****DOCUMENT # 494104 (3)**

1. Corporation Name

PASCO AGRICULTURAL, INC.

Principal Place of Business

**1701 S. FLORIDA AVE.
P.O. BOX 2787
LAKELAND FL 33806**

Mailing Address

**1701 S. FLORIDA AVE.
P.O. BOX 2787
LAKELAND FL 33806**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/14/1976

3a. Date of Last Report

01/20/1994

4. FEI Number

59-1646466

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASSEY, M. CRAIG
1701 SOUTH FLORIDA AVE.
LAKELAND FL 33806**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Separate typed or printed name of registered agent and this if applicable.

2/2/94. Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GODFREY, FRED E., III
STREET ADDRESS	509 LAKE BLUE DRIVE
CITY ST ZIP	LAKE PLACID FL
TITLE	STD
NAME	RICE, T G
STREET ADDRESS	540 NORTH 41A
CITY ST ZIP	DADE CITY, FL 00000
TITLE	VD
NAME	MASSEY, M. CRAIG
STREET ADDRESS	3007 BUCKINGHAM AVE
CITY ST ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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 addendum.

SIGNATURE:

M. Craig Massey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. CRAIG MASSEY, Vice President

1/10/95

Date

813/682-1178

Telephone Number