

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

FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33806-2787



2. Principal Place of Business

21 100 East Main Street

Suite, Apt. #, etc.

22 City & State

23 Lakeland, Florida

Zip

24 33801

Country

25

2a. Mailing Address

26 P. O. Box 24628

Suite, Apt. #, etc.

27 City & State

28 Lakeland, Florida

Zip

29 33802

Country

30

3. Date Incorporated or Qualified

01/14/1976

3a. Date of Last Report

01/25/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

M. Craig Massey

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

100 East Main Street

83

84 City

Lakeland

FL

85 Zip Code

33801

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 M. Craig Massey, Registered Agent

1/13/97

Signature, type or printed name of registered agent, and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GODFREY, FRED E., III	
STREET ADDRESS	509 LAKE BLUE DRIVE	
CITY - ST - ZIP	LAKE PLACID FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RICE, T G	
STREET ADDRESS	540 NORTH 41A	
CITY - ST - ZIP	DADE CITY, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MASSEY, M. CRAIG	
STREET ADDRESS	3007 BUCKINGHAM AVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

M. Craig Massey, Vice President

1/13/97

Date

941/683-6511

Daytime Phone #

0322547

CR2E034 (9/96)