

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90032 003 \*\*\*150.00

DOCUMENT # 580598

1. Corporation Name  
AGRIPOST, INC.

Principal Place of Business  
664 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442  
US

Mailing Address  
664 S MILITARY TRAIL  
DEERFIELD BEACH FL 33442  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/28/1978

4. FEI Number  
59-1917071

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1250 24th ST. NW

2a. Mailing Address  
26 1250 24th ST. NW

Suite, Apt. #, etc.  
22 # 300

Suite, Apt. #, etc.  
27 # 300

City & State  
23 Washington, DC

City & State  
28 Washington, DC

Zip Country  
24 20037 25 US

Zip Country  
29 20037 30 US

9. Name and Address of Current Registered Agent

WEST, EDWARD C  
5651 NW 24TH TERR  
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	FORRER, JOHN O	1250 24TH ST NW STE 300	WASHINGTON DC 20037	<input type="checkbox"/>
D	WEST, EDWARD C	5651 NW 24TH TERR	BOCA RATON FL 33496	<input type="checkbox"/>
D	KELLER, FREDERICK F. J	11 5TH AVE	NEW YORK NY 10003	<input type="checkbox"/>
D	WALKER, JAMES M.	ONE SOUTH EXECUTIVE PARK	CHARLOTTE NC 28287	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3/15/99

Date

202-776-7727

Daytime Phone #

CR2E034 (11/98)