

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/3/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:26

DOCUMENT # 669889

(8)

1. Corporation Name

AG-BAG CORPORATION OF FLORIDA

Principal Place of Business

7000 W 7 RIVERS DRIVE
CRYSTAL RIVER FL 34429
US

Mailing Address

7000 W 7 RIVERS DRIVE
CRYSTAL RIVER FL 34429
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1980

3a. Date of Last Report

03/24/1994

4. FEI Number

59-3118086

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CUNNINGHAM, ROY F.
7000 W. 7 RIVER DRIVE
CRYSTAL RIVER FL 34429

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 607.1506, 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	CD
NAME	CUNNINGHAM, LEMUEL E.
STREET ADDRESS	7000 W 7 RIVERS DR.
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	VD
NAME	CUNNINGHAM, NAOMI RUTH
STREET ADDRESS	7000 W 7 RIVERS DR.
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	P
NAME	CUNNINGHAM, ROY F.
STREET ADDRESS	7000 W 7 RIVERS DR.
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	S
NAME	CUNNINGHAM, AMY R.
STREET ADDRESS	7000 W 7 RIVERS DRIVE
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	☐ Change ☐ Addition
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	☐ Change ☐ Addition
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	☐ Change ☐ Addition
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	☐ Change ☐ Addition
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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 as required, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy Cunningham

6/10/95

795 2015

CP2E034 (3/95)