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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

2001 NW FIRST AVENUE

OCALA FL 34475



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

3a. Date of Last Report

05/01/1996

4-28-97 352-622-3131

3. Date Incorporated or Qualified

06/29/1980

4, FEI Number

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 677033

(3)

Mailing Address 2001 NW FIRST AVENUE

OCALA FL 34475-9125

2a. Mailing Address

MID FLORIDA FARM & GARDEN SUPPLY, INC.

appears in Block 12 or Block 13 if changed, or on an attachment with ag

SIGNATURE:

Applied For 59-2017144 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country Zip This corporation has liability for intangible tax under s. 199.032, 34470 30 MARION Yes No MARION Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HICKMAN, DELMUS F. JR 2001 NW FIRST AVENUE Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34470 Salar Marian City 85 Zip Code , 1 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typicd or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. DELETE 1.1 TITLE Change Addition THLE HICKMAN, DELMUS, F, JR 1.2 NAME NAME 2937 S.C. 13 # 57. 2001 N W FIRST AVE STREET ADDRESS 1,3 STREET ADDRESS OCALA, FL 00000 244>₩ 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition DEL€TE Change THEF 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 31 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP DITY-ST-ZIP DELETE Change \_\_\_ Addition 4.1 TITLE Tifle NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Addition 5.1 TITLE Chance TELLE MAME 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-\$1-7IP DELETE Change \_\_\_ Addition TILLE 61 TITE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. If 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