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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(3)

MID FLORIDA FARM & GARDEN SUPPLY, INC.

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Principal Place of Business	Mailing Address	<del></del>	1 100 Ting Stills south broth adding tilling still bright	BEBDI BEBDI BUBU BUBU BUBU UBU
2001 NW FIRST AVENUE	2001 NW FIRST AVENUE			
	OCALA FL 34470		DO NOT WRITE IN TH	HIS SPACE
US	U\$		3. Date Incorporated or Qualified	IIO OI AGE
	•		06/29/1980	
2. Principal Place of Business 2	a. Mailing Address	<del></del>	4. FEI Number	Applied For
21 26			59-2017144	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional
22 27	, <del>}</del>		G. Communication States Desired	Fee Required
Clty & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	Zip	Country	Trust Fund Contribution	Added to Fees
24 25 29	a ' ⊢	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Current year intangible  X Yes  No
9, Name and Address of Current Reg			10. Name and Address of New Register	
HICKMAN, DELMUS F, JR		81 Name		
2001 NW FIRST AVENUE		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
OCALA, FL		on det Addi	ioss (1.0. Dox Normbol is 1401 Nocopiados)	
34470		83		
		84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and	607 1509 Clarida Statutor	a the above period core		ea of changing its registered
office or registered agent, or both, in the State of Flo	rida. Such change was au	ithorized by the cornoral	tion's board of directors. I hereby accept the	appointment as registered
agent. I am familiar with, and accept the obligations	of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE				
	tle d applicable (NOTE	Registered Agent signature requir	red when reinstating) DAT	E
Signature, typed or printed name of registered agent and tr  12. OFFICERS AND DIRE		Registered Agent signature requirements 13.	ADDITIONS/CHANGES TO OFFICERS A	
Signature, typed or printed name of registered agent and tr		<del></del>		
12. OFFICERS AND DIRE  TITLE DP  HICKMAN, DELMUS, F, JR	ECTORS	13.		AND DIRECTORS IN 12
12. OFFICERS AND DIRE  TITLE DP  NAME HICKMAN, DELMUS, F, JR  STREET ADDRESS 2937 S.E. 13TH ST.	ECTORS	13. 1.1 TITLE		AND DIRECTORS IN 12
12. OFFICERS AND DIRE  TITLE DP  HICKMAN, DELMUS, F, JR	ECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIRECTORS IN 12  Change
12. OFFICERS AND DIRE  17. OFFICERS AND DIRE  18. OFFICERS AND DIRE  19. OFFICERS AND DIRE	ECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		AND DIRECTORS IN 12
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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 extraction of the corporation of the cor

**FILED** 

May 04 1998 8:00am

Secretary of State