

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **680430** (6)
1. Corporation Name
AGRICULTURAL LAND SERVICES, INC.

Principal Place of Business
**12265 STATE RD. #7
BOYNTON BEACH FL 33437**

Mailing Address
**12265 STATE RD. #7
BOYNTON BEACH FL 33437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2009318	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LINES, BOBBY G 12265 STATE RD. #7 BOYNTON BEACH FL 33437		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LINES, RACHEL J	1.2 NAME	
STREET ADDRESS	968 CLYDESDALE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	LINES, BOBBY G	2.2 NAME	
STREET ADDRESS	968 CLYDESDALE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	FINDEISEN, MARY	3.2 NAME	
STREET ADDRESS	100 LAKEVIEW DR., #312	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	ENGLEHARDT, JOHN	4.2 NAME	
STREET ADDRESS	117 SPANISH PINE TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, ROGERS L.	5.2 NAME	
STREET ADDRESS	523 ENFIELD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE:

Rachel J. Lines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-98 (561) 732-6105
Date Daytime Phone # 03349027

CR2E034 (10/97)