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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719890

1. Corporation Name

AGRIBUSINESS INSTITUTE OF FLORIDA, INC.

Principal Place of Business

4401 E COLONIAL DR
 ORLANDO FL 32814
 US

Mailing Address

PO BOX 140135
 ORLANDO FL 32814
 US



2. Principal Place of Business

21 5700 SW 34th St.

2a. Mailing Address

26 c/o Rod Hemphill

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 PO 147030

City & State

23 Gainesville, FL

City & State

28 Gainesville, FL

Zip

24 32608

Country

25 USA

Zip

29 32614

Country

30 USA

3. Date Incorporated or Qualified

12/16/1970

4. FEI Number

59-1381461

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

9. Name and Address of Current Registered Agent

HEMPHILL, ROD
 5700 SW 34TH ST
 GAINESVILLE FL 32608

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rod Hemphill, Director

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

(NOTE: Registered Agent signature required when reinstating)

3/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, RON	
STREET ADDRESS	1005 N LAKE PARKER AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILMER, RAY	
STREET ADDRESS	4401 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POUCHER, DON	
STREET ADDRESS	UF 1021 MCCARTY HALL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HARTNEY, MARY	
STREET ADDRESS	1715 HWY 17 SOUTH	
CITY-ST-ZIP	BARTOW FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOTT, MERRY	
STREET ADDRESS	5401 KIRKMAN RD STE 650	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEMPHILL, ROD	
STREET ADDRESS	5700 SW 34TH ST	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Erin Best	
1.3 STREET ADDRESS	PO Box 2631, Plant City, FL 34289	
1.4 CITY-ST-ZIP		
2.1 TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chuck Smith	
2.3 STREET ADDRESS	4508 Oak Fair Blvd. Tampa FL 33610	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lisa Backman	
4.3 STREET ADDRESS	PO Box 89, Lakeland, FL 33802	
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Merry Mott	
5.3 STREET ADDRESS	1533 Park Center Dr, Orlando, FL 32835	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 407/205-7994

Date

Daytime Phone #

CR2E037 (1/98)