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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F61097 (4)

1. Corporation Name
AGRI BUSINESS TRANSPORTATION, INC.



Principal Place of Business

2000 N KINGS HWY
P O BOX 670
FT PIERCE FL 34954

Mailing Address

2000 N KINGS HWY
P O BOX 670
FT PIERCE FL 34954-0670

3. Date Incorporated or Qualified
01/06/1982

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2174000

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

MINTON, O.R.
KINGS HWY AND ANGLE ROAD, BOX 670
FT PIERCE FL 33450

10. Name and Address of New Registered Agent

81 Name

JOHN L. MINTON

82

Street Address (P.O. Box Number is Not Acceptable)

4905 4TH STREET

83

84

City VERO BEACH

FL

85

Zip Code

32962

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 too if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MINTON, SHIRLEY A
STREET ADDRESS 1001 SOUTH 11TH STREET
CITY- ST- ZIP FT PIERCE, FL 00000

☐ DELETE

TITLE PD
NAME MINTON, JOHN L
STREET ADDRESS 4905 4TH ST
CITY- ST- ZIP VERO BEACH, FL 00000

☐ DELETE

TITLE V
NAME STANFORD, J.C.
STREET ADDRESS 875 37TH AVE.
CITY- ST- ZIP VERO BEACH FL

☐ DELETE

TITLE STD
NAME MINTON, MICHAEL D
STREET ADDRESS 2513 S INDIAN RIVER DRIVE
CITY- ST- ZIP FT. PIERCE FL

☐ DELETE

TITLE JB
NAME MINTON, B. T.
STREET ADDRESS 8431 HIDDEN PINES ROAD
CITY- ST- ZIP FORT PIERCE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

DATE

561-464-3502

DAYTIME PHONE #

CR2E034 (9/96)