FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92099** **(3)**

1. Corporation Name
FLORIDA AGRICULTURAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
% DAVID W. JONES 12300 N.W. 56TH AVENUE GAINESVILLE FL 32606	% DAVID W. JONES 12300 N.W. 56TH AVENUE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/27/1982
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 395 Tyler Street
22 Suite, Apt. #, etc.
23 City & State: Bartow, Florida
24 Zip: 33830
25 Country: US

2a. Mailing Address
26 Post Office Box 2590
27 Suite, Apt. #, etc.
28 City & State: Bartow, Florida
29 Zip: 33831-2590
30 Country: US

4. FEI Number: 59-2214382 ☐ 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

JONES, DAVID W.
12300 N.W. 56TH AVENUE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: Sidney L. Sumner
82 Street Address (P.O. Box Number is Not Acceptable): 395 Tyler Street
83
84 City: Bartow FL 85 Zip Code: 33830

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: Sidney L. Sumner Sidney L. Sumner, President April 28, 1995
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	STD	1.1 TITLE	PS ☒ Change ☐ Addition
NAME	JONES, DAVID W	1.2 NAME	Sumner, Sidney L.
STREET ADDRESS	12300 NW 56TH AVENUE	1.3 STREET ADDRESS	395 Tyler Street
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	Bartow, Florida 33830
TITLE	D	2.1 TITLE	Delete ☒ Change ☐ Addition
NAME	ROWAN, EDSEL W.	2.2 NAME	
STREET ADDRESS	1217 SE 11 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sidney L. Sumner Sidney L. Sumner April 28, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date

(941) 533-2192
Daytime Phone #

0035108 CP