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**Apr 28 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 # F94000000243 (5)
1. Corporation Name
AGRESERVES, INC.



Principal Place of Business: **139 E. SOUTH TEMPLE #110 SALT LAKE CITY UT 84111-1103**
Mailing Address: **139 E. SOUTH TEMPLE #110 SALT LAKE CITY UT 84111-1175**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1994	3a. Date of Last Report 04/17/1996
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 87-0481574	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GENHO, PAUL 13754 DESERET LAND ST CLOUD FL 34773-9381				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREER, JOHN W	1.2 NAME	
STREET ADDRESS	139 EAST SOUTH TEMPLE, STE 110	1.3 STREET ADDRESS	
CITY- ST- ZIP	SALT LAKE CITY UT	1.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMOREAUX, ROBERT D	2.2 NAME	
STREET ADDRESS	139 EAST SOUTH TEMPLE, STE 110	2.3 STREET ADDRESS	
CITY- ST- ZIP	SALT LAKE CITY UT	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, ROBERT L	3.2 NAME	
STREET ADDRESS	139 EAST SOUTH TEMPLE, STE 110	3.3 STREET ADDRESS	
CITY- ST- ZIP	SALT LAKE CITY UT	3.4 CITY- ST- ZIP	
TITLE	VTS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHIPPLE, CHARLES	4.2 NAME	Thomas G. Rueckert
STREET ADDRESS	139 E SOUTH TEMPLE STE 110	4.3 STREET ADDRESS	139 E. South Temple #110
CITY- ST- ZIP	SALT LAKE CITY UT	4.4 CITY- ST- ZIP	Salt Lake City, UT 84111
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, KENNETH R	5.2 NAME	Martin J. Wistisen
STREET ADDRESS	139 EAST SOUTH TEMPLE, STE 110	5.3 STREET ADDRESS	P. O. Box 2308 - N/A
CITY- ST- ZIP	SALT LAKE CITY UT	5.4 CITY- ST- ZIP	Tri-Cities, WA 99302
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, TED D	6.2 NAME	Harold Brown
STREET ADDRESS	50 EAST NORTH TEMPLE, 11TH FLOOR	6.3 STREET ADDRESS	50 E North Temple 7th Floor
CITY- ST- ZIP	SALT LAKE CITY UT	6.4 CITY- ST- ZIP	Salt Lake City, UT 84150

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: **Thomas G. Rueckert** *Thomas G. Rueckert* 4/2/97 (801) 359-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)