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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90013 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000243

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 84111-1103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/19/1994	4. FEI Number 87-0481574	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 City & State	28 City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent

GENHO, PAUL
13754 DESERET LAND
ST CLOUD FL 34773-9381

10. Name and Address of New Registered Agent

81 Name
Ferren Squires

82 Street Address (P.O. Box Number is Not Acceptable)
13754 Deseret Lane

83 **St. Cloud**

84 City

85 Zip Code
FL 34773-9381

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: Ferren Squires Ferren Squires 1/6/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CREER, JOHN W	
STREET ADDRESS	139 EAST SOUTH TEMPLE, STE 110	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAMOREAUX, ROBERT D	
STREET ADDRESS	139 EAST SOUTH TEMPLE, STE 110	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COWAN, ROBERT L	
STREET ADDRESS	139 EAST SOUTH TEMPLE, STE 110	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	RUECKERT, THOMAS G.	
STREET ADDRESS	139 E SOUTH TEMPLE #110	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WISTISEN, MARTIN J.	
STREET ADDRESS	P.O. BOX 2308	
CITY-ST-ZIP	RIC-CITIES WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, HAROLD	
STREET ADDRESS	50 EAST NORTH TEMPLE 7TH FL	
CITY-ST-ZIP	SALE LAKE CITY UT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	A. Dale Dunn
5.3 STREET ADDRESS	10366 Barnsdale Drive
5.4 CITY-ST-ZIP	Boise, ID-83704-336
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 607, 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: Thomas G. Rueckert 1/8/99 801-359-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)