

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90144 046 ***158.75

DOCUMENT # F94000004143

1. Corporation Name
AGROIRON, INC.



Principal Place of Business
**316 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830**

Mailing Address
**316 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

4. FEI Number

59-3250181

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**BRITT, DANIEL L
316 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830**

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	HJERSTED, LAWRENCE	
STREET ADDRESS	625 PENINSULAR DR	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHRIEBER, BOB	
STREET ADDRESS	271 WOLFER DR.	
CITY-ST-ZIP	ST. LOUIS MO 63026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HJERSTED, NORMAN	
STREET ADDRESS	3211 CLINTON PKWY #1	
CITY-ST-ZIP	LAWRENCE KS 66044	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDSTETTER, HUGO	
STREET ADDRESS	1800 N. CLARK	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRITT, DANIEL	
STREET ADDRESS	406 ANDERSON DR	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARKER, JOHN	
STREET ADDRESS	543 PENINSULA DR.	
CITY-ST-ZIP	LAKE LAND FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

(941) 5335990
Daytime Phone #

CR2E034 (11/98)