ILE PDC DELETE INTERESTADORESS TY-ST-2P TOPEKA KS 66601	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	G FEE AFTER	FLORIDA DEPAR Katherin Secretary	TMENT OF STATE	FIL Apr 27, 19 Secretary 04-27-1999 901		
BLAKELY CROP HAIL, INC.         Intogal Filze of Beamess       Maing Address         Intogal Filze of Beamess       Maing Address         IDE SIM ST.       IDE SIM ST.         VERA KS 6600       DO NOT WRITE IN THIS SPACE         Status Att Steep       Status Att Steep         Principal Filze of Beamess       Maing Address         Status Att Steep       Status Att Steep         Principal Filze of Beamess       Applied Steep         Status Att Steep       Status Att Steep         Principal Filze of Beamess       Applied Steep         Status Att Steep       Status Att Steep         Oty & Status		96000004	472				
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WEAVER, BOB 313 N. OHIO AVE. LIVE OAK PL 32060       81       Anne         Pursuin to the provisions of Sk attors 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change its registered office or registered agent, or to bi, in the State of Florida, Such change wes ultiforated by the curpor line's board of circlers. I hereby accept the app ointment are gatered agent. am familiar with and a capt the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change its statement agent. am familiar with and a capt the obligations of, Section 607.0505, Florida Statutes, the above-named corporation is board of circlers. I hereby accept the app ointment are gatered agent. am familiar with and a capt the obligations of, Section 607.0505, Florida Statutes, the above-named corporation is board of circlers. I hereby accept the app ointment are gatered agent. Text State and the purpose of the state accept the obligations of, Section 607.0505, Florida Statutes, and accept the obligations of, Section 607.0505, Florida Statutes, and accept the obligations of, Section 607.0505, Florida Statutes, and accept the obligations of, Section 607.0505, Florida Statutes, and accept the obligation of, Section 607.0505, Florida Statutes, and accept the obligation of, Section 607.0505, Florida Statutes, and accept the obligation of, Section 607.0505, Florida Statutes, and accept the app ointment are gatered of Florida Statutes, and accept the obligation of, Section 607.0505, Florida Statutes, and accept the app ointment are gatered of Florida Statutes, and accept the obligation of, Section 607.0505, Florida Statutes, and accept the app ointment are gatered of Florida Statutes, and accept the app oint and accept the app oint accept the app oint accept the app oint accept the app ointerviewesestered accent, and accept the app oint accept the app		بطيعها كسيب		30			ONL
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I. Pursuant to the provisions of Sk ctions 607.0502 and 607.1508. Florida Statutes, the above-named octroation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was, urbinized by the carpor tion's board of creations. Thereby accept the approximation as registered agent, or both, in the State of Florida. Such change was, urbinized by the carpor tion's board of creations. Thereby accept the approximation as registered agent, or both, in the State of Florida. Such change was, urbinized by the carpor tion's board of creations. Thereby accept the approximation as registered agent, or both, in the State of Florida. Such change was, urbinized by the carpor tion's board of creations. Thereby accept the approximation of SOSO, Florida Statutes.  IGNATURE  IGNATURE  IGNATURE  IGNATURE  IGNATURE							
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ME JEINING, JOE F II REET ADDRESS RR 3 BOX 60 Y-ST-ZIP TONGANOXIE KS 66086 I hereb / 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 in thereb / 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 in thereb / 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 in the section of the one this same legal effect as if made under oath; that I am an	office cr registered agent, or bo agent. ' am familiar with, and ac GNATURE E. Signeture, typed or proted na	h, in the State of Florida cept the obligations of, S of registered agent and title if of OFFICERS AND DIREC 1 8 67460 AMES L 67460	DELETE	S. the above-named construction and the composed by the composed in the composed by the composed in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating)	PL         pose of changing its is         pose of changing its is         pare         Image	agistered stered
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