

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000005104 (1)

1. Corporation Name

SIMS AGRICULTURAL PRODUCTS CO.

Principal Place of Business

3795 COUNTY ROAD 29 BOX 69
MT GILEAD OH 43338

Mailing Address

3795 COUNTY ROAD 29 BOX 69
MT GILEAD OH 43338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

34-1665183

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RAMOS, MARIA E
9370 SUNSET DR., #A-240
MIAMI FL 33173

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 PDC ☐ DELETE

NAME PAUL, DALLAS H
STREET ADDRESS 25441 THOMPSON RD.
CITY-ST-ZIP PERRYVILLE OH 43551

TITLE STD ☐ DELETE

NAME BOWEN, JOHN H
STREET ADDRESS 755 CHISWICK PLACE
CITY-ST-ZIP GALION OH 44833

TITLE DC ☐ DELETE

NAME BOWEN, G C
STREET ADDRESS 4401 HUDGINS DR.
CITY-ST-ZIP VIRGINIA BEACH VA 23455

TITLE D ☐ DELETE

NAME STRAYER, D R
STREET ADDRESS 741 PARKVIEW
CITY-ST-ZIP WAUSEON OH 43567

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME TADD C. SEITZ
1.3 STREET ADDRESS 7500 BRIDLESPUR
1.4 CITY-ST-ZIP DELAWARE OH 43015

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME DAVID RUPP
2.3 STREET ADDRESS 421 INDEPENDENCE DR.
2.4 CITY-ST-ZIP NAPOLEON OH 43534

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME DAVID CHRISTOPHERSON
3.3 STREET ADDRESS 9370 SUNSET DR #A-240
3.4 CITY-ST-ZIP MIAMI FL 33173

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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 in an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

1/23/98 60724694

CR2E034 (10/97)