

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90127 034 ***150.00

DOCUMENT # **F97000005104**

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 ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **PERRYSVILLE 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 **D** ☐ DELETE
NAME **SEITZ, TADD C**
STREET ADDRESS **7500 BRIDLESPUR**
CITY-ST-ZIP **DELAWARE OH 43015**

TITLE **D** ☐ DELETE
NAME **RUPP, DAVID**
STREET ADDRESS **421 INDEPENDENCE DR**
CITY-ST-ZIP **NAPOLEON OH 43534**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **David Christopherson**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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)(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 H. Cunningham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Cunningham
Control

4-15-99

Date

(419) 946-2015

Daytime Phone #

CR2E034 (11/98)