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

DOCUMENT # G06179

1. Corpora ion Name AGRI-DEL, INC.

, tatil 5 25, 1115

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90289 034 ***150.00



Principal Place	of Business	Mailing Address						
1025 County Road 17 North Lake Placid Fl 33852		1025 COUNTY RO LAKE PLACID FL (-		DO NOT WRITE IN THIS SPACE			
					3. Date ir corporated or Qualifed 10/27/1982			
2. Principa Plac	ce of Business	2a. Mailing Addre	2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-2228065	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certifc: ite of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<u> </u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	30	untry	This corporation owes the current year Personal Property Tax.	ır Intangible [☑No		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registe	red Agent		
SMOAK, JOHN F., JR. 1025 COUNTY ROAD 17 NORTH LAKE PLACID FL 33852				81 Name82 Street A83	acdress (P.O. Box Number is Not Acceptable)			
				84 City	·	FL 85 Zip Code		
office cr rea	the provisions of Sections 607 jistered agent, or bo h, in the S familiar with, and accept the ob-	tate of Florida. Such chang	e was authorize	ed by the corpo	crporation submits this statement for the purpos ration's board of cirectors. I hereby accept the a	e or changing its registered prointment as registered		

	· · · · · · · · · · · · · · · · · · ·						
SIGNATURE	Signature, typed or printed ha ne of registered agent a	and title if applicable (NOT = F	tegistered Agent signature rec	rired when reinstating)	DATE		·
12.	OFFICERS AND		13.		NGES TO OFFICERS	ND DIRECTO	(S IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	SMOAK, JOHN F JR		1 2 NAME				
STREET ADDRESS	1025 COUNTY RD 17 N		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL		14 CITY-ST-ZIP				
TITLE	VSTD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SMOAK, EDWARD L		2.2 NAME				
STREET ADDRESS	1025 COUNTY RD. 17 N.		2.3 STREET ADDRESS				}
CITY-ST-ZIP	LAKE PLACID FL		2. 4 CITY-ST-ZIP				. <u></u>
TITLE	AS	DELETE	3.1 TITLE			Change	☐ Addition
NAME	EURES, LEIGH S.		3.2 NAME				
STREET ADDRESS	1025 COUNTY RD. 17 N.		3.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL		3.4. CITY-ST-ZIP	·			
TITLE	AVD	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	SMOAK, JOHN F. III		4. 2 NAME				
STREET ADDRESS	1025 COUNTY RD 17 N.		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL		44 CITY-ST-ZIP				
TITLE	AVD	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	SMOAK, EDWARD L. JR		5.2 NAME				
STREET ADDRESS	1025 COUNTY RD 17 N.		5.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZiP			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 changes, or or an attact ment with an address, with other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTO

4/21/99

941-465-2561 Daytime Phone # CR2E034 (11/98)