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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G36366

1. Corporation Name

GEORGIA-FLORIDA AGRICULTURAL SUPPLY, INC.

Unico Holdings G/F, Inc. amended 12/17/98

Principal Place of Business

Mailing Address

569 STUART LANE
JACKSONVILLE FL 32254
US

569 STUART LANE
JACKSONVILLE FL 32254
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1983

4. FEI Number

59-2283191

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 P.O. Box 56499
Suite, Apt. #, etc.

26 P.O. Box 56499
Suite, Apt. #, etc.

23 City & State

JACKSONVILLE FL

27 City & State

JACKSONVILLE FL

24 Zip

32241

Country

29 Zip

32241

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSEY, JOHN H.
569 STUART LANE
JACKSONVILLE FL 32254

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13640 Mandarin Road

83

84 City

JACKSONVILLE

FL

85 Zip Code

32223

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE
NAME COOPER, GENE W
STREET ADDRESS 569 STUART LANE P.O. Box 56499
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. Box 56499
1.4 CITY-ST-ZIP 32241

TITLE DP ☐ DELETE
NAME LINDSEY, JOHN H.
STREET ADDRESS 569 STUART LANE P.O. Box 56499
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS P.O. Box 56499
2.4 CITY-ST-ZIP 32241

TITLE D ☐ DELETE
NAME LINDSEY, KATHERINE C.
STREET ADDRESS 569 STUART LANE P.O. Box 56499
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Asst. Secretary
3.3 STREET ADDRESS P.O. Box 56499
3.4 CITY-ST-ZIP 32241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: X

John H. Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-29-99

Date

X 904 786 5125

Daytime Phone #

CR2E034 (11/98)