

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 08 1998 8:00am  
Secretary of State

DOCUMENT # **G52962** (9)  
1. Corporation Name  
**AGRI-SPECIALTY COMPANY, INC.**



Principal Place of Business Mailing Address  
**4706 DOVER CLIFF CT (DOVER, FL 33527)**  
**P.O. BOX 1880**  
**BRANDON FL 33509**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
**21 8701 EAST CRESCO LANE** **26 P.O. BOX 1749**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23 INVERNESS, FLORIDA** **28 INVERNESS, FLORIDA**  
Zip Country Zip Country  
**24 34450** **25 CITRUS** **29 34451-1749** **30 CITRUS**

3. Date Incorporated or Qualified  
**08/05/1983**  
4. FEI Number **59-2370584** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

8. Name and Address of Current Registered Agent  
**GRANT, JOHN A. JR.**  
**1715 N. WESTSHORE BLVD., STE 850**  
**WESTSHORE CENTER**  
**TAMPA FL 33607-0928**  
9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME **PO ENOCHS, ROBERT H.** 1.2 NAME  
STREET ADDRESS **4706 DOVER CLIFF CT** 1.3 STREET ADDRESS **8701 EAST CRESCO LANE**  
CITY-ST-ZIP **DOVER FL** 1.4 CITY-ST-ZIP **INVERNESS, FLORIDA 34450**  
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME **SD ENOCHS, NONA F.** 2.2 NAME  
STREET ADDRESS **4706 DOVER CLIFF CT** 2.3 STREET ADDRESS **8701 EAST CRESCO LANE**  
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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 changed, or on an attachment with an address.

SIGNATURE: **Robert H. Enoch** **ROBERT H. ENOCHS, PRESIDENT 4/28/98 352-341-1688**

CR2E034 (10/97)