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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **G66086**

(1)

FILED Apr 22 1997 8:00am Secretary of State

1. Corporation Name PROFESSIONAL & AGRICULTURAL COMPUTER SERVICES, I NC. Principal Place of Business Mailing Address 217 S.E. 1ST AVE. OCALA FL 34471 OCALA FL 34471-2161								
					3, Date Incorporated or Qualified 10/24/1983		ate of Last F 23/1996	leport
—i `	lace of Business	2a. Mailing Address	1		4. FEI Number 59-2336196		 	oplied For
Suite, Apt	#, etc.	Suite, Apt. #, etc).		5. Certificate of Status Desired		\$8.75	ot Applicable Additional equired
City & Stat	0	City & State			6. Election Campaign Financing		\$5.00	May Be to Fees
Zip 24	Country 25	Zip 29	Cour 30	ntry	Trust Fund Contribution 8. This corporation has liability for Florida Statutes		tax under s	
241	g. Name and Address of Cur				10. Name and Address of New Re			
SKIPPER, DAVID, LEE 217 SE 1ST AVE OCALA FL 34471				81 Name 82 Street Add 83 84 City	ress (P.O. Box Number is Not Accepta	ble)	85 Zip	Code
office or a agent. La SIGNATURE.	im familiar with, and accept the of Signature, typed or profed name of registered	oligations of, Section 607.050	05, Florida Statu	utes.	poration submits this statement for the tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
TIBLE NAME	PD	DELET		LE	TODITIONO OF TO OF THE	Q 27 10 17 17 1		
STREET ADDRESS	SKIPPER, DAVID, LEE 217 SE 1ST AVE OCALA FL	∫⊃ perei		REET ADDRESS			Change	Addition
CHY-SE-ZIP THLE NAME STREET ADDRESS		DELET	1.3 STF 1.4 CIT E 2.1 TIT 2.2 NAI 2.3 STF	Y-ST-ZIP LE ME REET ADDRESS			Change	
CHY-SI-7# THLE NAME STREEL ADDRESS CHY-SI-7# THLE NAME STREEL ADDRESS	217 SE 1ST AVE		1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CI E 3.1 TITI 3.2 NAI 3.3 STF	NEET ADDRESS Y-ST-ZIP LE ME NEET ADDRESS IY-ST-ZIP LE ME NEET ADDRESS				Addition
CHY-ST-ZIP THLE NAME SIRFET ADDRESS CHY-ST-ZIP THLE NAME SIREET ADDRESS CHY-ST-ZIF THLE NAME SIREET ADDRESS	217 SE 1ST AVE	DELET	1.3 STF 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIF 5.2 NAI 3.3 STF 3.4 CIF 4.1 TIT 4.2 NAI 4.3 STF	REET ADDRESS Y-SY-ZIP LE ME REET ADDRESS IY-SY-ZIP LE ME REET ADDRESS IY-SY-ZIP LE ME REET ADDRESS IY-SY-ZIP LE			Change	☐ Addition
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4. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

4/18/97 352.622.312