

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G98646

(4)

1. Corporation Name

AARON AGRICULTURE, INC.

Principal Place of Business

**1875 N.W. 79TH STREET
MIAMI FL 33147**

Mailing Address

**1875 N.W. 79TH STREET
MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1984

3a. Date of Last Report

01/19/1994

4. FBI Number

59-1990661

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 has liability for intangible tax under S. 190.03?

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21. **(SAME) 1875 N.W. 79TH STREET**

Suite, Apt. #, etc.

22. **MIAMI, FLA.**

City & State

23. **MIAMI, FLA.**

Zip

24. **33147**

Country

25. **U.S.A.**

2a. Mailing Address

26. **(SAME) 1875 N.W. 79TH STREET**

Suite, Apt. #, etc.

27. **MIAMI, FLA.**

City & State

28. **MIAMI, FLA.**

Zip

29. **33147**

Country

30. **U.S.A.**

9. Name and Address of Current Registered Agent

**CAMPBELL, WINSTON
1875 N.W. 79TH STREET
MIAMI FL 33147**

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAMPBELL, WINSTON
STREET ADDRESS	1875 N.W. 79TH STREET
CITY - ST - ZIP	MIAMI FL 33147
TITLE	STD
NAME	CAMPBELL, JOE
STREET ADDRESS	1875 N.W. 79TH STREET
CITY - ST - ZIP	MIAMI FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **Joe E. Campbell - JOE E. CAMPBELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

DATE