

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H79806 (6)

1. Corporation Name

J.J.'S AG CHEMICALS & CONSULTING, INC.

Principal Place of Business

1800 JOHNSON DR
CLERMONT FL 34711-2964

Mailing Address

1800 JOHNSON DR
CLERMONT FL 34711-2964



3. Date Incorporated or Qualified
10/07/1985

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 11241 Lk Katherine Ci.

28 11241 Lk Katherine Ci.

4. FEI Number

59-2599893

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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. 199.032,
Florida Statutes ☒ Yes ☐ No

22 City & State

27 City & State

23 Clermont, FL

28 Clermont, FL

24 34711 25 Country

29 34711 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMANN, JOHN L.
1800 JOHNSON DR
CLERMONT FL 32711

81 Name

Amann, John L

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

11241 Lk Katherine Circle

83

84 City

Clermont

FL

85 Zip Code
34711

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 the Applicant

(NOTE: Registered Agent signature required when reinstating)

2/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME AMANN, JOHN L.
STREET ADDRESS 1800 JOHNSON DR
CITY-ST-ZIP CLERMONT FL

1.1 TITLE

PD

☒ Change ☐ Addition

STREET ADDRESS

1.2 NAME

Amann, John L

CITY-ST-ZIP

1.3 STREET ADDRESS

11241 LK Katherine Circle

TITLE D ☐ DELETE

1.4 CITY-ST-ZIP

Clermont, FL 34711

NAME

2.1 TITLE

Amann, W Joyce

☒ Change ☐ Addition

STREET ADDRESS

2.2 NAME

Amann, W Joyce

CITY-ST-ZIP

2.3 STREET ADDRESS

11241 Lk Katherine Circle

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

Clermont, FL 34711

NAME

3.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

5.1 TITLE

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

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 119.07(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: John L. Amann JOHN L. AMANN, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/96 407-656-9669

CR2E034 (12/95)