

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90013 009 \*\*\*150.00

DOCUMENT # J02582

1. Corporation Name  
FLORIDA AG SERVICES, INC.

Principal Place of Business

% FRED J. SANDLIN  
5606 US 27 N.  
SEBRING FL 33870  
US

Mailing Address

5606 US 27 N.  
SEBRING FL 33870  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1986

2. Principal Place of Business

21 5825 US 27 North  
Suite, Apt. #, etc.

2a. Mailing Address

26 5825 US 27 North  
Suite, Apt. #, etc.

4. FEI Number

59-2662862

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

23 Sebring, FL

City & State

28 Sebring, FL

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip Country

24 33870 25 Highlands

Zip Country

29 33870 30 Highlands

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SANDLIN, FRED J.  
5606 US 27 N.  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

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

5825 US 27 North

83

84 City

Sebring

FL

85 Zip Code

33870

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

TITLE PD  
NAME SANDLIN, FRED J.  
STREET ADDRESS 5606 US 27 N.  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE ST  
NAME GAINES, ROBERT A.  
STREET ADDRESS 5606 US 27 N.  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE D  
NAME WELBORN, CHARLES  
STREET ADDRESS 5606 US 27TH NORTH  
CITY-ST-ZIP SEBRING FL

☒ DELETE

TITLE D  
NAME TOUCHTON JR, E G  
STREET ADDRESS 5606 US 27 NORTH  
CITY-ST-ZIP SEBRING FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

5825 US 27 North  
Sebring, FL 33870

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5825 US 27 North  
Sebring, FL 33870

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

800-477-5606 ext 319

Daytime Phone #

CR2E034 (1/98)