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 31, 1999 8:00 am Secretary of State

03-31-1999 90037 029 ***150.00

		_	_		
DOO	CUM	IEN	T #	J3594	17
1. Corp.	oration I	Name		0000	• •

NAPLES FEED & SEED, INC.

	and the state of t				_									
Principal Place	of Business	Mai	iling Address	'.				, (40	ntinė miėlė ()	 	, , , , , , , , , , , , , , , , , , , ,	encanto i	11611 4 1611 61611	#1#11 #1#11 LB#1
29 COMMERCIA NAPLES FL 938			COMMERCIAL BLVD. LES FL 30942	. •		•							• .	
3	4104		34104				DO NOT WRITE IN THIS SPACE							
·			- •					 Date Inc 10/02/ 		d or Qua	lifed			
2. Principal P	ace of Business	2a.	Mailing Address		_			4. FEI Nun					A	pplied For
21		26						59-273	31286				N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifca		Danie	 ا ام		\$8.75	Additional
22		27					ļ	s. Certiica	te or Stati	us Desire	ea [_J 	Fee R	equired
City & Stati	e		City & State					6. Election	Campaig	n Finan	cing r		\$5.00	May Be
23		28						Trust Fu	ind Contr	ibution		<u> </u>	Added	to Fees
Zip	Country		Zip	Cor	intry	•	1	8. This cor	poration (owes the	current	year In		
24 3410			34104	30					l Property				Yes	LENO
·	9. Name and Address of Curre	nt Registe	ered Agent		-	- :	1	0. Name a	nd Addr	ess of N	ew Reg	istered	Agent	
MOK	EDV JAMES W				81	Name								
	ERY, JAMES W.				82	Street A	Address	(P.O. Box	Number is	s Not Ac	ceptable	∍)		
	OMMERCIAL BLVD.				_									<u>_</u>
MAP	LES FL-33942				83	1								
	34104				84	City		-					85 Zip	Code
]] - '	_					F <u>L</u>	- 34	104
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 60	7.1508, Florida Statu	ites, the a	bove	e-named o	corporat	ion submits	this state	ement fo	r the pu	rpose of	changing its	s registered
agent. I a	m familia with, and accept the oblig	ations of	Section 607.0505, FI	orida Stat	utes	ine corpo i.	UI ANUII S	יט וט טומטט	1801015.1	nereby a	- Coopi u			ogistered.
SIGNATURE	(by 17/1	/>	~								3/	/9 (795	, .
- SIGNATORE	Signature, typed or printed name of registered ag			E: Registered	Agen	nt signature re	required who				\perp	DATE		
12.,	OFFICERS A	ND DIREC		13.		·		ADDITIO	NS/CHAN	IGES TO	OFFIC	ERS A	ND DIRECTO	
TITLE /	/PT		DELETE	1.1 17	πE					•	* ;~		☐ Change	☐ Addition
NAME 🗸	VICKERY, JAMES W.			1.2 N	AME	(('	* -	•		• • • • •			
STREET ADDRESS	29 COMMERCIAL BLVD.	ı		1.3 S	REET	TADORESS			· · ·					
CITY-ST-ZIP	NAPLES FL	· 		1.4 CI	TY-S	T-ZIP	ļ							
TITLE	VS	. ,	☐ DELETE	2.1 Π	TLE]						☐ Change	☐ Addition
NAME	VICKERY, BARBARA ANN			2.2 N	AME	-	ļ							
STREET ADDRESS	29 COMMERCIAL BLVD.			2.3 \$7	TREE?	TADDRESS								
CITY-ST-ZIP	NAPLES FL			2.40	<u>πγ-s</u>	T-ZIP	<u> </u>							
TITLE			☐ DELETE	3.1 TI	TLE	1	ł						Change	Addition
NAME				3.2 N	ME	-	}							
STREET ADDRESS				3.3 S1	REET	TADDRESS								
CITY-ST-ZIP	· · ·		-	3.4. C	1TY-S	ST-ZIP -		· ————			-			
ΠιΈ			☐ DELETE	4.1 TI	TLE								Change	Addition
NAME				4.2 N	AME	}								
STREET ADDRESS				4.3 ST	REET	TADDRESS								
CITY-ST-ZIP				4.4 C	TY-S	T-ZIP								
TITLE			☐ DELETE	5.1 π	πE								Change	Addition
NAME				5.2 N	ME	. [
STREET ADDRESS				5.3 ST	REET	FADORESS								
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP								
TITLE			☐ DELETE	6.1 TI	πE								☐ Change	Addition
NAME				6.2 N	ME	}								
STREET ADDRESS				6.3 \$1	REET	T ADDRESS								
CITY-ST-ZIP				6.4 CI	7V. S1	T-7IP	}							

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 coprodiction 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

3/29/99

Daytime Phone #

R2F034 (11/98)