

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # **J64334** (2)
1. Corporation Name
PEARSON AGRICULTURAL LAND MANAGEMENT, INC.



Principal Place of Business Mailing Address
% JOHN PEARSON
807 EUNICE ST
TAMPA FL 33602
% JOHN PEARSON
807 EUNICE ST
TAMPA FL 33602-5525

2. Principal Place of Business 2a. Mailing Address
21 **1001 Stardust Lane** 26 **1001 Stardust Lane**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **-** 27 **-**
City & State City & State
23 **Lutz, FL** 28 **Lutz, FL**
Zip Country Zip Country
24 **33549** 25 **33549** 29 **33549** 30

3. Date Incorporated or Qualified **03/24/1987** 3a. Date of Last Report **04/30/1996**
4. FEI Number **59-2800042** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEARSON, JOHN
16120 N. NEBRASKA AVE
LUTZ 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, JOHN	1.2 NAME	
STREET ADDRESS	16120 N. NEBRASKA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, VANCE	2.2 NAME	
STREET ADDRESS	16120 N. NEBRASKA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, SARAH	3.2 NAME	
STREET ADDRESS	16120 N. NEBRASKA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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:

John Pearson (Vance Pearson) 4/2/97 (813) 949-6274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0353087

CR2E034 (9/96)