

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:21

DOCUMENT # K03946 (6)

1. Corporation Name

DE GO AGRO, INC.

Principal Place of Business

P.O. BOX 1793
APOPKA FL 32704

Mailing Address

P.O. BOX 1793
APOPKA FL 32704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/25/1987

3a. Date of Last Report

04/01/1994

4. FEI Number

59-2853191

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GOEY, JOHN DE
938 PARK LAKE CIR
MAITLAND FL 32751

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05 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 filer is acceptable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GOEY, JOHN DE
STREET ADDRESS 692 SHADY CT.
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P. 10
12 NAME DE GOEY, NELLY
13 STREET ADDRESS NA - P.O. Box 1793
14 CITY - ST - ZIP APOPKA, FL 32704

21 TITLE V/S/T/P
22 NAME DE GOEY, PASCALE
23 STREET ADDRESS NA - P.O. Box 1793
24 CITY - ST - ZIP APOPKA, FL 32704

31 TITLE P
32 NAME DE GOEY, JOHN
33 STREET ADDRESS NA - P.O. Box 1793
34 CITY - ST - ZIP APOPKA, FL 32704

41 TITLE P
42 NAME VANDENBURG, THEODORE
43 STREET ADDRESS NA - P.O. Box 1793
44 CITY - ST - ZIP APOPKA, FL 32704

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Theodore E. Vandenberg THEODORE VANDENBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

7/14/95 644-8476
(407)