

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:54

DOCUMENT # K68402 (2)
1. Corporation Name
AGRICULTURAL MANAGEMENT SERVICES COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business C/O H. R. COLEMAN 25450 AIRPORT ROAD PUNTA GORDA FL 33950	Mailing Address C/O H. R. COLEMAN 25450 AIRPORT ROAD PUNTA GORDA FL 33950
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 02/24/1989	3a. Date of Last Report 04/11/1994	4. FEI Number 04-2646511	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			

9. Name and Address of Current Registered Agent LEON, J E 9250 W FLAGLER ST MIAMI FL 33174	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
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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 A Robert Coleman DATE 3-14-95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, H. R.	1.2 NAME	
STREET ADDRESS	25450 AIRPORT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	NORRIS, J. C.	2.2 NAME	
STREET ADDRESS	25450 AIRPORT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	CHOMA, RICHARD	3.2 NAME	
STREET ADDRESS	25450 AIRPORT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	COYLE, DENNIS P	4.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 of this report or in an attachment with an affidavit.

SIGNATURE: A Robert Coleman DATE 3-14-95 (813) 639-2410
(Signature and typed or printed name of signing officer or director)