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
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90226 015 ***150.00

052C200

DOCUMENT # L86858

1. Corporation Name

SEVILLE AGRICULTURAL SERVICES, INC.

Principal Place of Business	Mailing Address
P O BOX 9 SEVILLE FL 32190	P O BOX 9 SEVILLE FL 32190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/11/1990

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3012422**	Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23	28		
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

PADGETT, JAMES L.
10 CENTRAL AVE
CRESCENT CITY FL 32112

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

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KEEBLER, WILLIAM C		1.2 NAME	
STREET ADDRESS	2184 US HWY 17 N POB 9		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEVILLE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DELLECKER, WILLIAM M		2.2 NAME	
STREET ADDRESS	2184 US HWY 17 N POB 9		2.3 STREET ADDRESS	
CITY-ST-ZIP	SEVILLE FL		2.4 CITY-ST-ZIP	
TITLE	ST	☒ DELETE	3.1 TITLE ST	☒ Change ☐ Addition
NAME	FIELDS, J. GREGORY		3.2 NAME Patricia A. Mather	
STREET ADDRESS	2184 US HWY 17 N POB 9		3.3 STREET ADDRESS 2184 US Highway 17N. POB9	
CITY-ST-ZIP	SEVILLE FL		3.4 CITY-ST-ZIP Seville FL 32112	
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 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: _____   3/22/99   (904) 749-2219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #