

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000002446 (2)**

1. Corporation Name

**AGRICULTURAL GROWTH AND DEVELOPMENT, INC.**

Principal Place of Business

**3505 HWY 60 E.  
BARTOW FL 33830**

Mailing Address

**PO BOX 736  
MULBERRY FL 33860  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/02/1992</b>	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number <b>59-3151096</b>	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**NOLAN, JOSEPH J J  
1666 WILLIAMSBURG SQUARE  
LAKELAND FL 33803**

81 Name  
**J.W. PERDUE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2065 FLAMINGO DRIVE**  
83  
84 City  
**BARTOW, FL** 85 Zip Code  
**33830**

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]*

3/10/98

Signature typed and 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	<b>P</b>	1.1 TITLE	<b>VICE-PRESIDENT</b>
NAME	<b>BLAKE L. WINSLOW</b>	1.2 NAME	<b>BLAKE L. WINSLOW</b>
STREET ADDRESS	<b>1845 VILLAGE CT</b>	1.3 STREET ADDRESS	<b>2080 INDUSTRIAL PARK ROAD</b>
CITY-ST-ZIP	<b>MULBERRY FL</b>	1.4 CITY-ST-ZIP	<b>MULBERRY, FL 33860</b>
TITLE		2.1 TITLE	<b>PRESIDENT</b>
NAME		2.2 NAME	<b>J.W. PERDUE</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2065 FLAMINGO DRIVE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>BARTOW, FL 33830</b>
TITLE		3.1 TITLE	<b>SEC</b>
NAME		3.2 NAME	<b>SUSAN E. DONAHUE</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2065 FLAMINGO DRIVE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>BARTOW, FL 33830</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

*[Signature]*

PRESIDENT 3/10/98 941-533-2191

CR2E034 (10/97)