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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052697 (8)

## FILED Jan 21 1998 8:00am Secretary of State

AGRICULTURAL MACHINES, INC. Principal Place of Business Mailing Address 105 S RIVERDALE RD 105 S RIVERDALE RD AVON PARK FL 33825 **AVON PARK FL 33825** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified. 07/22/1993 2. Principal Place of Business 2a. Mailing Address Applied For S. RIVERDALE RO 1052 RIVERDALE 21 26 59-3195400 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & 6. Election Campaign Financing \$5.00 May Be HVON П Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes of has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name VISSER, TOM SAME 105 S RIVERDALE RD Street Address (P.O. Box Number is Not Acceptable) 82 AVON PARK FL 33825 83 84 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 properties obligations of, Section 607.0505, Florida Statutes. Act. Signature, typed or ne of registered agent and title if applica (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE PD NAME **VISSER, TOM** 12 NAME 1052 S RIVERDALE RD STREET ADDRESS 1.3 STREET ADDRESS AVON PARK FL 33825 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **VISSER. ESTIE** 22 NAME NAME 1052 S RIVERDALE RD STREET ADDRESS 2.3 STREET ADDRESS avon Park Fl CITY-ST-ZIP 2. 4 City - ST-ZiP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 44 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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.

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