

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000000167 (4)

1. Corporation Name
EVERGREEN AG PRODUCTS INC.



Principal Place of Business 4213 COUNTY ROAD 218 STE 4 MIDDLEBURG FL 32068 US	Mailing Address P.O. BOX 1654 MIDDLEBURG FL 32050 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4314 C.R. 218 Suite, Apt. #, etc. 22 City & State 23 Middleburg, FL Zip Country 24 32068 25 CLAY	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 01/01/1994 3a. Date of Last Report 04/17/1996 4. FEI Number 59-3217745 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	HULING, ROY C SR	1.2 NAME	
STREET ADDRESS	418 BRANSCOMB ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	
NAME	HULING, ROY C JR	2.2 NAME	
STREET ADDRESS	10472 OLD PLANK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HULING, C. PAUL	3.2 NAME	
STREET ADDRESS	24500 SW 162ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	3.4 CITY-ST-ZIP	
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 do 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: Roy C. Huling Sr. 9/15/97 904-282-9175

CR2E034 (4/97)