

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000003750  
1. Corporation Name

FLORIDA AG SAFETY GROUP, INC.

Principal Place of Business

1245 US 27 South  
Sebring, FL 33870

Mailing Address

5606 US27 North  
Sebring, FL 33870

3. Date Incorporated or Qualified  
1994

3a. Date of Last Report  
1995

2. Principal Place of Business

21 1245 US 27 South

Suite, Apt. #, etc.

22

City & State

23 Sebring, FL

Zip

24 33870

Country

25 Highlands

2a. Mailing Address

26 5606 US 27 North

Suite, Apt. #, etc.

27

City & State

28 Sebring, FL

Zip

29 33870

Country

30 Highlands

4. FEI Number  
65-0460295

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

Fred J. Sandlin  
5606 US 27 North  
Sebring, FL 33870

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

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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or director of the corporation.

(If the Registered Agent signature is printed when registering)

DATE

OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Fred J. Sandlin	
STREET ADDRESS	5606 US 27 North	
CITY - ST - ZIP	Sebring, FL 33870	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Robert A. Gaines	
STREET ADDRESS	5606 US 27 North	
CITY - ST - ZIP	Sebring, FL 33870	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	E G Touchton Jr	
STREET ADDRESS	5606 US 27 North	
CITY - ST - ZIP	Sebring, FL 33870	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Charles P. Welborn	
STREET ADDRESS	5606 US 27 North	
CITY - ST - ZIP	Sebring, FL 33870	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-96

(800) 477-5606

CR2E034 (3/96)