## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000000559 (1)

MARIETTA FEED & SEED, INC.

		. , .	
Principa' Place of Business			

410 JAX ESTATES DRIVE. NORTH JACKSONVILLE FL 32218

SIGNATURE:

Mailing Address

410 JAX ESTATES DRIVE. NORTH JACKSONVILLE FL 32218



4/30/96

JACKSONVI	LLE FL 32218	JACKSONVILLE FL 3221	18	İ	
				3. Date Incorporated or Qualified 01/03/1995	3a. Date of Lish Report
2. Principal Plac		2a. Mailing Address W.	Beaver S	+ 601 231 151410	Applied For
Suite, Apt. #		Suite. Apt. #, etc.	Jana C	1 39-3201346	Not Applicable  \$8.75 Additional
22 Stille, Apr. #	-	27]	·	5. Certificate of Status Desired	Fee Required
City & State	cksonville, Fla.	OLY STACKSON	ville, Fla	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 326	20 25 Country	2020 B	Country 30 SA	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, :- □ No
	9. Name and Address of Current Re	gistered Agent		10. Name and Address of New F	tegistered Agent
İ			81 Name		
LONG, CALVIN 410 JAX ESTATES DRIVE, NORTH JACKSONVILLE FL 32218				oress (P.O. Box Number is Not Poceptal	user St,
ı			84 City C	acksonville.	FL 85 Zn Code 20
or registere	o the provisions of Sections 607.0502 and ad agent, or both, in the State of Florida. \$ h, and accept the obligations of, Section (	Such change was authorized.	the above named corp by the corporation's bo	oration submits this statement for the pu pard of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _	<u> </u>		Registered Agent signature requ	rian, mini i kraj na mini mini mana mana mana mana mana m	DATE
12.	Signature, typical or printed made, of mijistered agent and t OFFICERS AND DI	and the second s	13.		FIGERS AND DIRECTORS IN 12
TITLE	PD	[] DELETE	1 1 TITLE		Change Addition
NAME	LONG, CALVIN		1 2 NAME		
STREET ADDRESS	410 JAX ESTATES DRIVE, NO	ATH	1.3 STREET ADDRESS		
CITY-ST-ZIF	JACKSONVILLE FL 32218		1.4 CITY-ST-ZIP		
TITLE	STD	[]] DELETE	2 11IILE		Change Addition
NAME	MCCORMICK, P. DERRICK		2 2 NAME		
STREET ADDRESS	6807 TAMRA LANE		2.3 STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216	ETS SELEXIT	2 4 CI1 Y · S1 - ZIP		☐ Change ☐ Addition
TITLE		DELETE	3 1 111115		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP TITLE		[7] DELFTE	3.4 C/1Y~\$1~Z/P 4. 1 T-TLE		Change Addition
NAME		Labertie	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CHY-ST-ZiP		
TITLE		DELETE	5. 1 TILLE		Change Addition
NAME		<del></del>	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$1-ZIP			5.4 CITY - ST - 7IP		
TITLE		[] DELFTE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - 7(P		٨	6.4 CITY - ST - ZIP		
14. I do hereby certify that oath; that I	y certify that the information supplied with the information indicated on Ms amual r I am an officer or director of Ms corporation Block 12 or Block 13 if charged, or on a	this fring is voluntarily furnish eport or supplyinjental annual on on the receiver or trusted on attachmen, with an addres	ned and does not qualify treport is true and accompowered to execute s	y for the exemption stated in Section 119 trate and that my signature shall have the this report as required by Chapter 607, F	.07(3)(k), Florida Statutes. I further same legal effect as if made under lorida Statutes; and that my name