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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

~~1996~~ 1997

DOCUMENT # P95000056649(3)

1. Corporation Name

DOMI AGR, INC.

Principal Place of Business

400 EAST SAGAMORE
CLEWISTON, FLORIDA 33440

Mailing Address

400 EAST SAGAMORE
CLEWISTON, FLORIDA 33440

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

MAY, 1996

4. FEI Number

65-0599989

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

2. Principal Place of Business

2a. Mailing Address

21 233 ROYAL PALM WAY

26 P. O. BOX 579

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BELLE GLADE, FLORIDA

28 PAHOKEE, FLORIDA

Zip

Country

Zip

Country

24 33430

25

USA

29 33476

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, WILLIAM L.
400 EAST SAGAMORE
CLEWISTON, FLORIDA 33440

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

620 E. DEL MONTE

83

84 City

CLEWISTON

FL

85 Zip Code

33440

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 ☐ DELETE

NAME MILLER, WILLIAM J.

STREET ADDRESS 400 EAST SAGAMORE
CITY-ST-ZIP CLEWISTON, FLORIDA 33440

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

620 E. DELMONTE

1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE

NAME DOBROW, MICHAEL

STREET ADDRESS 400 EAST SAGAMORE
CITY-ST-ZIP CLEWISTON, FLORIDA 33440

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

233 ROYAL PALM WAY
BELLE GLADE, FLORIDA 33430

2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME CONLEY, ADA BUSH

STREET ADDRESS 13600 S.W. CONNERS HIGHWAY
CITY-ST-ZIP OKEECHOBEE, FLORIDA 34974

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002185139

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***165.00

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 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:

Ada Bush Conley

ADA BUSH CONLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

561-924-5651

Daytime Phone #

CR2E034 (12/95)