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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # **P96000035023 (6)** 

AGRICULTURAL INFORMATION TECHNOLOGIES, INCORPORA TED

Principal Place of Business Mailing Address 5100-318 S CLEVELAND AVE. #143 5100-318 S CLEVELAND AVE. #143 FT MYERS FL 33907 FT MYERS FL 33907 3. Date Incorporated or Qualified 3a. Date of Last Report 4-19-96 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Country Country Zin 8. This corporation has liability for intangible tax under s. 199.032, 24 30 25 29 Florida Statutes 🔽 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANSON, DOUGLAS P 100 S ASHLEY DR, SUITE 1190 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Typed or printed trame of register, o age it and attent applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 3.1 TITLE Change HARDIN, JOE D NAVE 1.2 NAME 5100-318 S CLEVELAND AVE, #143 STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33907 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TILLE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 34. CITY - ST-ZIP DELETE TITLE 4 1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 DITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Addition NAMÉ 6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

appears in Block 12 or 8

STREET ADDRESS

CHTY-ST-ZiP

n attachment with an address.

CILIFI TUE D. HARDIN 13-97

**FILED** 

Jan 22 1997 8:00am

Secretary of State

(96/6)