

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90054 035 ***150.00

DOCUMENT # P96000046081

1. Corporation Name

AGRI-STARTS MICROS, INC.

Principal Place of Business

**1728 KELLY PARK RD.
APOPKA FL 32712**

Mailing Address

**1728 KELLY PARK RD.
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

59-3388120

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4341 ROUND LAKE ROAD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

APOPKA, FL

28 City & State

24 Zip Country

29 Zip Country

32712 U.S.A.

30 Zip Country

9. Name and Address of Current Registered Agent

**ABNER, GERALDINE
274 BANNING BEACH RD.
TAVARES FL 32778**

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. 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

TITLE ☐ DELETE

**NAME
ABNER GERALDINE
STREET ADDRESS
1728 KELLY PARK RD
CITY-ST-ZIP
APOPKA FL**

TITLE ☐ DELETE

**NAME
DST
J BRUCE CARPENTER
STREET ADDRESS
1728 KELLY PARK RD
CITY-ST-ZIP
APOPKA FL**

TITLE ☐ DELETE

**NAME
D
THOMAS LEE GOODE
STREET ADDRESS
1728 KELLY PARK RD
CITY-ST-ZIP
APOPKA FL**

TITLE ☐ DELETE

**NAME
D
MICHAEL RINCK
STREET ADDRESS
1728 KELLY PARK RD
CITY-ST-ZIP
APOPKA FL**

TITLE ☐ DELETE

**NAME
D
RANDALL STRODE
STREET ADDRESS
1728 KELLY PARK RD
CITY-ST-ZIP
APOPKA FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL E. STRODE 4/26/99 (407) 889-8055

Date

Daytime Phone #

CR2E034 (1/98)