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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000097528

1. Corporation Name
 FREDONIA FARM SUPPLY OF FLORIDA, INC.



Principal Place of Business: 4114 CORN STREET, PORT CHARLOTTE FL 33948
 Mailing Address: 4114 CORN STREET, PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1996

4. FEI Number: 16-1022841

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: 21

2a. Mailing Address: 26

Suite, Apt. #, etc.: 22

City & State: 23

Zip: 24 Country: 25

Suite, Apt. #, etc.: 27

City & State: 28

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: FREDONIA FARM SUPPLY INC, 4114 CORN STREET, PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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 translating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	FRANCIS, ROBERT S	11 TITLE:	
NAME:	4114 CORN STREET	12 NAME:	
STREET ADDRESS:	PORT CHARLOTTE FL 33948	13 STREET ADDRESS:	
CITY-ST-ZIP:		14 CITY-ST-ZIP:	
TITLE: D	FRANCIS, WILLA	21 TITLE:	
NAME:	4114 CORN STREET	22 NAME:	
STREET ADDRESS:	PORT CHARLOTTE FL 33948	23 STREET ADDRESS:	
CITY-ST-ZIP:		24 CITY-ST-ZIP:	
TITLE: D	FERO, REBEKAH JO	31 TITLE:	
NAME:	4114 CORN STREET	32 NAME:	
STREET ADDRESS:	PORT CHARLOTTE FL 33948	33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE:		41 TITLE:	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:		51 TITLE:	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:		61 TITLE:	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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]* 3/15/99 941 629 3750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)