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

FILED Mar 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000053945 (6) BELL FARM SUPPLY INC. Principal Place of Business Mailing Address 1159 SOUTH PARIS ST. P.O. BOX 790 **BELL FL 32619 BELL FL 32619** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1997 4. FEI Number 59-3444616 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıρ Zip Country 8. This corporation owes or has paid the current year intangible 24 29 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MCGREGOR, DONALD E 81 Name 1329 N.W. 18TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BELL FL 32619** 83 84 City Zip Code isions of Sections 607,0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 with, and accept the obligations of, Section 607,0505, Florida Statutes. office or registered agent. I am family f SIGNATURE Masur ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE TITLE 1.2 NAME NAME REBUCCA L. SMITH N.W. ISTH WAY STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP CITY-ST-7IP Change DELETE Addition TITLE 21 TITLE JAMES M. SMITH 22 NAME 1489 N.W. 18 FN WAY 2.3 STREET ADDRESS STREET ADDRESS FL 82619 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ABTHA A. MOGRETOR NAME 3.2 NAME 1829 N.W. 187N WAY STREET ADDRESS 3.3 STREET ADDRESS FL B2419 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE K. MCGREGOR 4. 2 NAME NAME N.W. ISTH WHY 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition 5.1 TITLE Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 supplicional 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 empawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with any orders.

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

DELETE

Fel 21 1998 3524637163

Change

Addition