

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

FILED  
Jun 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra D. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000087923 (3)**

1. Corporation Name  
**AMERICAN AGRICULTURAL PRODUCTS, INC.**

Principal Place of Business  
**3481 LAKESIDE DR NE, STE 2406  
ATLANTA GA 30326**

Mailing Address  
**3481 LAKESIDE DR NE, STE 2406  
ATLANTA GA 30326**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/07/1997**

4. FEI Number

**58-2344827**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 **14100 Buczac Rd**  
Suite, Apt. #, etc.

22 City & State  
**Brooksville, FL**  
23 Zip  
**33604** 25 Country  
**USA**

2a. Mailing Address  
26 **316 Summer Dr. NE**  
Suite, Apt. #, etc.

27 City & State  
**Atlanta, GA**  
28 Zip  
**30328** 30 Country  
**USA**

9. Name and Address of Current Registered Agent

**MONIZ, MONTE D  
7631 GARDNER RD  
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name **Moniz, Monte D**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**14100 Buczac Rd**  
83  
84 City **Brooksville** FL 85 Zip Code  
**33604**

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 **Monte D Moniz**  
(Signature required for the purpose of changing the registered office or registered agent.)

(NOTE: Registered Agent signature required when registering.)

**4/30/98**  
DAY

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **ELLIOTT, JAMES E**  
STREET ADDRESS **3481 LAKESIDE DR NE, STE 2406**  
CITY-ST-ZIP **ATLANTA GA 30326**

☐ DELETE

TITLE **D**  
NAME **MONIZ, MONTE D**  
STREET ADDRESS **7631 GARDNER RD**  
CITY-ST-ZIP **TAMPA FL 33615**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **316 Summer Dr. NE**  
1.4 CITY-ST-ZIP **Atlanta GA 30328**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **14100 Buczac Rd**  
2.4 CITY-ST-ZIP **Brooksville, FL 33604**

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.

SIGNATURE **[Signature]**

**4/30/98** **MONTE D. MONIZ**

CR2E034 (10/97)