

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90017 006 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000014192**  
 1. Corporation Name  
**AGRICULTURAL PRODUCTION MANAGEMENT, INC.**



Principal Place of Business 2160 RESERVE PARK TRACE PORT ST. LUCIE FL 34986	Mailing Address 2160 RESERVE PARK TRACE PORT ST. LUCIE FL 34986
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 603 N. Indian River Drive Suite, Apt. #, etc. 22 Suite 104 City & State 23 Fort Pierce, FL Zip Country 24 34950 25	2a. Mailing Address 26 603 N. Indian River Drive Suite, Apt. #, etc. 27 Suite 104 City & State 28 Fort Pierce, FL Zip Country 29 34950 30
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3. Date Incorporated or Qualified 02/12/1998	4. FEI Number: 65-0823975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>WINGFIELD, WILLIAM C III</b> 2160 RESERVE PARK TRACE PORT ST. LUCIE FL 34986	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	603 N. Indian River Drive
83	Suite 104
84 City	Fort Pierce, FL
85 Zip Code	34950

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	WINGFIELD, WILLIAM C III
STREET ADDRESS	2160 RESERVE PARK TRACE
CITY-ST-ZIP	PORT ST. LUCIE FL 34986
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLEN, JAMES E JR
STREET ADDRESS	214 ORANGE ST.
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	603 N. Indian River Drive, Suite 104
1.4 CITY-ST-ZIP	Fort Pierce, FL 34950
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: William C. Wingfield III 4/7/99 581-465-702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (1/98)