


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

04-13-1999 90017 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000014192

1. Corporation Name

AGRICULTURAL PRODUCTION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2160 RESERVE PARK TRACE PORT ST. LUCIE FL 34986	2160 RESERVE PARK TRACE PORT ST. LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 603 N. Indian River Drive Suite, Apt. #, etc. 22 Suite 104 City & State 23 Fort Pierce, FL Zip Country 24 34950 25	26 603 N. Indian River Drive Suite, Apt. #, etc. 27 Suite 104 City & State 28 Fort Pierce, FL Zip Country 29 34950 30

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number:

65-0823975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

WINGFIELD, WILLIAM C III
 2160 RESERVE PARK TRACE
 PORT ST. LUCIE FL 34986

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	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGFIELD, WILLIAM C III	1.2 NAME	
STREET ADDRESS	2160 RESERVE PARK TRACE	1.3 STREET ADDRESS	603 N. Indian River Drive, Suite 104
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	1.4 CITY-ST-ZIP	Fort Pierce, FL 34950
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JAMES E JR	2.2 NAME	
STREET ADDRESS	214 ORANGE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

William C. Wingfield III

4/7/99

561-465-702

CR2E034 (1/98)