

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90046 011 ***150.00

DOCUMENT # P98000014192

1. Entity Name
AGRICULTURAL PRODUCTION MANAGEMENT, INC.

| | |
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| Principal Place of Business 603 N INDIAN RIVER DR STGE 104 FT PIERCE 34950 | Mailing Address 603 N INDIAN RIVER DR STGE 104 FT PIERCE FL 34950 |
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|---|--|
| 2. Principal Place of Business 30395 NW 72nd Ave Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 370 Suite, Apt. #, etc. |
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| City & State Okeechobee, FL | City & State Okeechobee, FL |
| Zip 34972 Country U.S. | Zip 34973 Country U.S. |

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|---|--|
| 4. FEI Number 65-0823975 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WINGFIELD, WILLIAM C III
603 N INDIAN RIVER DR
STE 104
FT PIERCE FL 34950

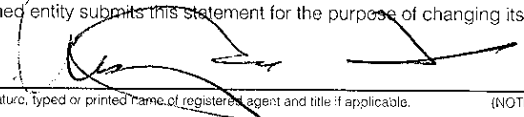
7. Name and Address of New Registered Agent

Name
Wingfield, William C III

Street Address (P.O. Box Number is Not Acceptable)
30395 NW 72nd Ave, P.O. Box 370

City
Okeechobee FL Zip Code
34973

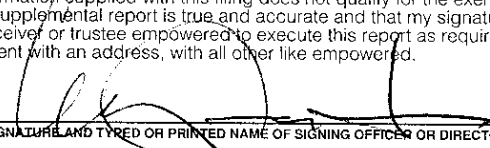
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **2/21/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WINGFIELD, WILLIAM C III 603 N INDIAN RIVER DR STE 104 FT PIERCE FL 34950 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Wingfield, William C. III P.O. Box 370, 30395 NW 72nd Ave. Okeechobee, FL 34973 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, JAMES E JR 214 ORANGE ST. AUBURNDAL FL 33823 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/21/01** **863-467-6565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)