

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90026 027 ***150.00

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DOCUMENT # P98000028747

1. Corporation Name
ZELLWIN AGRICULTURAL TECHNOLOGY, INC.

Principal Place of Business
6161 W. JONES AVE.
ZELLWOOD FL 32798

Mailing Address
6161 W. JONES AVE.
ZELLWOOD FL 32798

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 188

Suite, Apt. #, etc.

City & State

27 Zellwood, FL

Zip

28 32798

Country

30 USA

4. FEI Number

59-3544215

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 the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'DONNELL, JAMES D
1648 OSCEOLA ST.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

Glenn R. Rogers

82 Street Address (P.O. Box Number is Not Acceptable)

6161 Jones Avenue

83 P.O. Box 188

84 City

Zellwood

FL

85 Zip Code

32798

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

Glenn R. Rogers

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

(NOTE: Registered Agent signature required when reinstating)

1/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME O'DONNELL, JAMES D
STREET ADDRESS 1648 OSCEOLA ST.
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Rogers, Glenn R.
1.3 STREET ADDRESS 6161 Jones Avenue
1.4 CITY-ST-ZIP Zellwood, FL 32798

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Youngs, Thomas L.
2.3 STREET ADDRESS 6161 Jones Avenue
2.4 CITY-ST-ZIP Zellwood, FL 32798

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Kennedy, Charles W.
3.3 STREET ADDRESS 6161 Jones Avenue
3.4 CITY-ST-ZIP Zellwood, FL 32798

4.1 TITLE STD ☐ Change ☒ Addition
4.2 NAME Staley, James M.
4.3 STREET ADDRESS 6161 Jones Avenue
4.4 CITY-ST-ZIP Zellwood, FL 32798

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, with all other like empowered.

SIGNATURE:

Glenn R. Rogers

Glenn R. Rogers

1/19/99

(407) 886-1891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)