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

DOCUMENT # **P98000105056**

1. Corporation Name

AGRICULTURAL SERVICES, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90024 044 ***150.00

, idili oc						
Principal Place of Business Mailing Address						[(16) 53 16 6 10 10 10 10 10 10
12200 BELCHER ROAD 12200 BELCHER ROAD						
LARGO FL 33773 LARGO FL 33773						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						' <u>-</u>
2. Drive at Diago of Pusiness						12/17/1998 4. FEI Number
2. Principal Place of Business 2a. Mailing Address						59-3549705 Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
						5. Certificate of Status Desired Fee Required
22 27 City & State City & State						6. Election Campaign Financing\$5.00 May Be
23 28			ii.			Trust Fund Contribution Added to Fees
Zip Country Zip			Country			8. This corporation owes the current year Intangible
24			30	~- 1		Personal Property Tax.
24	9. Name and Address of Curre		1			10. Name and Address of New Registered Agent
			- 1	81	Name	
TOMCZAK, DAVID					<u> </u>	(D.C. D., Maria Mat Association)
12200 BELCHER ROAD			[82 Street Address (P.O. Box Number is Not Acceptable)		
LARGO FL 33773			h	83	·····	
	•				,,	
			1	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				ove	-named corp	poration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was at	utnonzea	by t	the corporation	on's board of directors. I hereby accept the appointment as registered
agent, I a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Fiol	nda Statui	tes.		
SIGNATURE	Signature, typed or printed name of registered age	and and title if annihophia (NOTE	Registered A	- Ineni	t signature require	od when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PS DELETE			1.1 TITLE		Change Addition
NAME	TOMCZAK, DAVID		1.2 NAN	1.2 NAME		
STREET ADDRESS	12200 BELCHER ROAD		13 STR	REET	ADORESS	
	LARGO FL 33773			1.4 CITY-ST-ZIP		
	VPT	☐ DELETE	2.1 TITLE		-211	☐ Change ☐ Addition
			2.2 NAME		Ţ	_ , _
					ADDDESS	
	TADORESS 12200 BELCHER ROAD			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
t			3.1 TITL		1-282	Change Addition
TITLE			3.2 NAA			
NAME					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	3.4. CIT		1-219	☐ Change ☐ Addition
<i>tit</i> /Ε		G serve)	
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		7 DELETE	4.4 CIT		T-ZIP	Change ☐ Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM			> Grange Padition
NAME					ADDRESS	ł
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		C	5.4 CIT		-217	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITE		1	Criange [] Addition
NAME			6.2 NA			
STREET ADDRESS	i		6.3 STF	REET	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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR