


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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90010 035 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S05463**  
 1. Corporation Name  
**AGRI-GATORS, INC.**

Principal Place of Business POST OFFICE BOX 1228 ZELLWOOD FL 32798	Mailing Address POST OFFICE BOX 1228 ZELLWOOD FL 32798
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2849 LUST RD.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>2849 LUST RD.</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>10/12/1990</b>
23 <b>APOPKA, FL</b> City & State 24 <b>32703</b> 25 <b>USA</b> Zip Country	28 <b>APOPKA, FL</b> City & State 29 <b>32703</b> 30 <b>USA</b> Zip Country	4. FEI Number <b>59-3039037</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CLEMENT, G. EDWARD**  
**308 EAST FIFTH AVENUE**  
**MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent  
 81 Name **William D. Long**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2849 LUST ROAD**  
 83  
 84 City **APOPKA, FL** 85 Zip Code **32703**

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 **William D. Long** *William D. Long* **4/7/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P HILL, DAVID M</b>
STREET ADDRESS	<b>2820 NEIL RD.</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP LONG, WILLIAM D JR.</b>
STREET ADDRESS	<b>1630 BALMY BEACH</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S HILL, LISA L</b>
STREET ADDRESS	<b>2820 NEIL RD.</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T SCOTT, FRANK D III</b>
STREET ADDRESS	<b>28121 TAMMI DR.</b>
CITY-ST-ZIP	<b>TAVARES FL 32798</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: **LISA S** *Lisa S* **SIGNATURE REQUIRED** **4/26/99** **407-889-4141**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)