

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 Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90023 019 ***150.00

DOCUMENT # S 20635 OK 1. Corporation Name

FLORIDA AGRI MANAGEMENT, INC. (FORMERLY FCC MANAGEMENT COMPANY)

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/90

2. Principal Place of Business 23351 N. RIVER ROAD Suite, Apt. #, etc. City & State ALVA, FL Zip 33920

2a. Mailing Address 26 23351 N. RIVER ROAD Suite, Apt. #, etc. 27 City & State 28 ALVA, FL Zip 29 33920 Country 30

4. FEI Number 65-0236929 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. [X] Yes [] No

9. Name and Address of Current Registered Agent JOSEPH E. BEALE, JR. 1671 THUMB POINT DRIVE FT. PIERCE, FL 34949

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include Joseph E. Beale, Jr. and Edgar A. Brown.

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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] 3-9-99 941-728-2549 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)