

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21616 (5)

1. Corporation Name

WADE AGRICULTURAL SERVICES, INC.

Principal Place of Business

569 EDGEWOOD AVE S
JACKSONVILLE FL 32205

Mailing Address

569 EDGEWOOD AVE S
JACKSONVILLE FL 32205



3. Date Incorporated or Qualified

12/21/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MCARTHUR, WILLIAM A.
569 EDGEWOOD AVE
JACKSONVILLE FL 32205

4. FEI Number

59-3053972

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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, for registration

Agent's Signature, typed or printed name of agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MCARTHUR, D.W.	
STREET ADDRESS	569 EDGEWOOD AVE S	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	MCARTHUR, WILLIAM A.	
STREET ADDRESS	569 EDGEWOOD AVE S	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DS	☐ DELETE
NAME	MCARTHUR, D.W., III	
STREET ADDRESS	569 EDGEWOOD AVE S	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VSTD
3.3 STREET ADDRESS	MCARTHUR, D.W., III
3.4 CITY-STATE-ZIP	569 EDGEWOOD AVE S JACKSONVILLE, FLA 32205
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. MCARTHUR, PRESIDENT

4-16-96

904 388 3561

CR2E034 (12/95)