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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

**(5)** 

**FILED** 

Mar 16 1998 8:00am

Secretary of State

	orporation Name NADE AGRICUL	TURAL SERVICE	•	•							
Princ	ipal Place of Busines		Mailing Address								DII 01011 1001
569 EDGEWOOD AVE S 569 EDGEWOOD AVE S											
	KSONVILLE FL 32205		JACKSONVILLE FL 32205								
							L	DO NOT WRITE	E IN THIS	SPACE	
							3	Date Incorporated or Qualified 12/21/1990			
2. Pr	incipal Place of Busi	2a, Mailing Addre	2a. Mailing Address			4	, FEI Number		A	pplied For	
21		26	A				<del>59-3053972</del>			lot Applicable	
22 St	uite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5	Certificate of Status Desired			Additional Required
C	ty & State		City & State	<b>├</b> ¬ <sup>*</sup>			6	6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zi		Country	28   Zip	1 (	Country			Trust Fund Contribution  This corporation owes or has page.			
24	P	25	29	30	O CLIMY		8	Personal Property Tax due June	_	_ `	itangibie □ No
241	g Name	and Address of Curre		1301			10	Name and Address of New Re			
	MCARTHUR,			· ,·. <u> </u>	81	Name			<del></del>		
569 EDGEWOOD AVE					82	Street Ad	ddress (	ress (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32205				83							
					84	City				<b>85</b> Zip	Code
									FL	. 1	
11. f	Pursuant to the provis office or registered ag agent. I am familiar w	sions of Sections 607.05 gent, or both, in the Sta ith, and accept the obli	502 and 607.1508, Florid te of Florida. Such chand igations of, Section 607.0	la <b>Sta</b> tutes, the ge was author 0505, Florida :	ie above rized by Statutes	e-named corpo the corpo s.	orporation's	on submits this statement for the placed of directors. I hereby acce	purpose of pt the app	changing ointment a	its registered s registered
SIGN	Signature types	or printed name of registered a	agent and title it applicable	(NO1£: Regis					DATE		
SIGN	Signaturo typeo	d or printed name of registered a	agent and title it applicable			int signature re			DATE		
	Signaturo typed	OFFICERS A	<del></del>	1	stered Age			en reinstating)	DATE		
12.	Signature types  DP  MCARTI	OFFICERS A HUR, WILLIAM A.	ND DIRECTORS	LETE 1	stered Age			en reinstating)	DATE	DIRECTO	RS IN 12
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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