SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS DOCUMENT #** S26315 (9)BOYER'S WILLISTON FARM SUPPLY, INC. Principal Place of Business Mailing Address 15 SW 2ND AVE 15 SW 2ND AVE WILLISTON FL 32696 WILLISTON FL 32696 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1991 06/09/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied for 21 26 59-3045619 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Zın Country 8. This corporation has liability for intringible tax under s. 199 032 24 25 30 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELUCAS, FRANK T. 15 SW 2ND AVE 82 Street Address (P.O. Box Number is Not Acceptable) WILLISTON FL 32696 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roostating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3/36) TITLE DELETE Change Addition 11 THE DELUCAS, FRANK C. NAME 1.2 NAME E034 RT 1 BOX 383 STREET ADDRESS 1.3 STREET ADDRESS **MORRISTON FL** CITY-ST-ZIP 1 4 CITY - ST - ZIP SE 25 TITLE DELETE 2.1 TITLE Change Addition NAME DELUCAS, KAREN 2.2 NAME RT 1 BOX 383 STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP MORRISTON FL 2 4 CHTY - ST - 2IP TITLE DELETE 3 1 TITLE Change Addition NAME DELUCAS, FRANK T. 3.2 NAME STREET ADDRESS 183602 NW 15TH CT 3.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-7IP 34 CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes if 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 legit an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 13 if charged, or on an attachment with an address. UN 2/22/96 Hucas SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR