


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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S85506** (1)
1. Corporation Name
PAHOKEE FEED SUPPLY, INC.



Principal Place of Business Mailing Address
~~270 EAST MAIN STREET~~
~~PAHOKEE FL 33476~~
~~270 EAST MAIN STREET~~
~~PAHOKEE FL 33476~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 154 E MAIN ST Suite, Apt. #, etc. 22 City & State 23 PAHOKEE FL Zip 33476 Country 24 33476		2a. Mailing Address 26 154 E MAIN ST Suite, Apt. #, etc. 27 City & State 28 PAHOKEE FL Zip 33476 Country 29 33476 30		3. Date Incorporated or Qualified 10/07/1991 4. FEI Number 65-0285592 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
--	--	--	--	--	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDEZ, ERASMO
~~270 E. MAIN ST.~~
~~PAHOKEE FL 33476~~

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 154 MAIN ST
83	84 City PAHOKEE FL 85 Zip Code 33476

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 **4/22/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP VALDEZ, ERASMO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	270 E. MAIN ST.	1.2 NAME	
STREET ADDRESS	PAHOKEE FL	1.3 STREET ADDRESS	154 E MAIN ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PAHOKEE FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV VALDEZ, JORGE <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	270 E. MAIN ST.	2.2 NAME	154 E MAIN ST
STREET ADDRESS	PAHOKEE FL	2.3 STREET ADDRESS	PAHOKEE FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT GINIEBRA, EVA <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	270 E. MAIN ST.	3.2 NAME	154 E MAIN ST
STREET ADDRESS	PAHOKEE FL	3.3 STREET ADDRESS	PAHOKEE FL 33476 <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: 

4/22/98

CR2E034 (10/97)