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**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # V09715

FLORIDA AGRI-CHEMICAL CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# May 04, 1999 8:00 am Secretary of State

05-04-1999 90101 031 \*\*\*150.00

Mailing Address Principal Place of Business 612 WISTERIA ST 612 WISTERIA ST PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/27/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3107571 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional: Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year Intangible ΠNο Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REVELL, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 612 WISTERIA ST. PANAMA CITY BEACH FL 32407 83 Zip Code 84 City 85 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 scent the obligations accept the obligations. Pros SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change ☐ Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME REVELL, KENNETH W 3914 DOLPHIN DRIVE 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32408 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE BENNETT, JOHN KEITH 2.2 NAME NAME **612 WISTERIA STREET** 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32407 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 or an attention of the receiver of the corporation of the receiver of the rec

6.4 CCTY+ST+ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

CR2E034 (11/98)