FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Sandra B. Mortham

	1996	DIVISION O	F CORPORATIONS		
1. Corporation	MENT # V26 AGRI SALES, INC.	998 (7)		1 145 (r 4 stáin 141) à bhlin (den 141) a	1881 81811 81812 81811 84811 84812 81811 81811
Principal Place 5421 N.E. 2 OCALA FL 3	5TH AVENUE	Mailing Address P.O. NOK 655			
US US	94970	SPARRIFL 32192 5481 NE 3	25 A U E	Date Incorporated or Qualified	
			34479	04/06/1992	3a. Date of Last Report 05/01/1995
2. Principal Pl.	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite Apt. #, etc.		59-3118330	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in	
4	25 g. Name and Address of C	29	[30]	Florida Statutes 📋 Yes	□No
	g, Hame and Address U.C.	verreitt ueðlisteten Aðetit	81 Name	10. Name and Address of New Re	gistered Agent
SWIFT,	SHELLY			HELLY Kevin Su),/=T
	E 25 AVE		82 Street Ac	idress (P.O. (Box Number is Not Acceptable	· 5
OCALA	FL 32670		83 00	0. 50	((/¬ ^
			84 City of	ua re sy	19 17
Cd Demonstra	A		1 7 60	Pala	FI 85 28779
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or register	ed agent, or both, in the State o	'.0502 and 607.1508, Florida Statut f Florida. Such change was authoriz	es, the above named corred by the corporation's be	poration submits this statement for the purp	pose of changing its registered office
	ed agent, or both, in the State of th, and accept the obligations of	.0502 and 607.1508, Florida Statut f Florida. Such change was authoriz , Section 607.0555, Florida Statute	es, the above named correct by the corporation's bo	poration submits this statement for the purposard of directors. I hereby accept the appo	ose of changing its registered offici ntment as registered agent. I am
	xively ke	on sung			ose of changing its registered offici ntment as registered agent. I am
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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 name appears in Block 12 or Bigrik 13 if changed, or on an attachment with an address. SIGNATURE: BOX 13 of Changell, of on an attachment visit or absence.

BARBARA SWIFT 5-17-96 (2002/600)

BIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

BARBARA

Date

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