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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V26998**

(7)

SWIFT AGRI SALES, INC. Principal Place of Business Mailing Address 5421 N.E. 25TH AVENUE 5421 NW 25TH AVENUE OCALA FL 34470 OCALA FL 34479-1831 Uŝ 3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1992 05/22/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3118330 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SWIFT, SHELLY KEVIN 81 Name 5421 NE 25TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34479** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above pamed 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, Seption 607,7505, Florida Statutes. Si Kevin SwiFT equired when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. Change Addition ___ DELETE TOLE 1.1 TITLE SWIFT, SHELLY KEVIN NAME 12 NAME 5421 NE 25 AVE 13 STREET ADDRESS STREET ADORESS OCALA FL CHTY-S1-ZIP 14 City-ST-ZIP DELETE Change Addition THEF 21 THILE SWIFT, RODNEY NAME 22 NAME 5421 NE 25 AVE STREET ADDRESS 2.3 STREET ADDRESS OCALA FL CHY-\$1-ZIP 2 4 CITY - ST - ZIP ST DELETE Addition 3.1 TITLE TiTLE SWIFT, BARBARA NAME 3.2 NAME 5421 NE 25 AVE STREET ADDRESS 3.3 STREET ADDRESS OCALA FL CHY-SI-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-2IP CHY-ST-ZIP DELETE Addition Change THLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. I do 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

Barbara Duile 2-18-97 352 620 2600 SIGNATURE: BARBARA SWIFT

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.