

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48655 (7)

1. Corporation Name

C + L FARM SUPPLY, INC.



Principal Place of Business

RT 3 BOX 538
JAY FL 32565

Mailing Address

RT 3 BOX 538
JAY FL 32565

3. Date Incorporated or Qualified 07/01/1992	3a. Date of Last Report 05/16/1995
4. FEI Number 59-3141728	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

JOSEPH, L.A.
1300 LAKE HOWARD DR
APT 505
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name John M. Greel, Jr.	85 Zip Code 32565
82 Street Address (P.O. Box Number is Not Acceptable) RT 3 BOX 538	
83 City JAY FL	
84 City	

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: *Lisa A. Joseph* *John M. Greel, Jr.* Jan. 1, 1996
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	JOSEPH, L.A.	1.2 NAME	John M. Greel, Jr.
STREET ADDRESS	5320 THORNHILL RD. 5230	1.3 STREET ADDRESS	RT 3 BOX 538
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	JAY, FL 32565
TITLE	D	2.1 TITLE	James Lee
NAME	LEE, RHONDA	2.2 NAME	5751 Melrose Dr
STREET ADDRESS	2515 PREST CT	2.3 STREET ADDRESS	Milton, FL 32570
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WHITE, MELISSA A.	3.2 NAME	
STREET ADDRESS	4255 W HUMPHREY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lisa A. Joseph* 2-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)