

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 266329

**Entity Name:** EVERGLADES FARM EQUIPMENT CO., INC.

**Current Principal Place of Business:**

2017 NW 16TH STREET  
BELLE GLADE, FL 33430

**Current Mailing Address:**

PO BOX 910  
BELLE GLADE, FL 33430

**FEI Number: 59-1000566**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHLECHTER, JOHN O PRES.  
2017 NW 16TH STREET  
BELLE GLADE, FL 33430 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SCHLECHTER, JOHN O  
Address 2017 NW 16TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title S  
Name SCHLECHTER, ELEANOR  
Address 2017 NW 16TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title T  
Name SCHLECHTER, ELEANOR  
Address 2017 NW 16TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title VP  
Name SCHLECHTER, MICHAEL L  
Address 2017 NW 16TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title VP  
Name SCHLECHTER, WILLIAM W  
Address 2017 NW 16TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title VP  
Name SCHLECHTER, THOMAS A  
Address 2017 NW 16TH STREET  
City-State-Zip: BELLE GLADE FL 33430

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL L. SCHLECHTER**

**VICE PRESIDENT**

**02/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date