

2017 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

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date