

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S05463

**Entity Name:** AGRI-GATORS, INC.

**Current Principal Place of Business:**

501 SW LONG DRIVE  
PALM CITY, FL 34990

**Current Mailing Address:**

PO BOX 2350  
PALM CITY, FL 34991

**FEI Number: 59-3039037**

**Certificate of Status Desired: No**

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

JONES FOSTER SERVICE, LLC  
505 S. FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 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 PD  
Name LONG, JOHN SCOTT  
Address PO BOX 2350  
City-State-Zip: PALM CITY FL 34991

Title VD  
Name HILL, DAVID M  
Address 2820 NEIL RD.  
City-State-Zip: APOPKA FL 32703

Title SD  
Name HILL, LISA L  
Address 2820 NEIL RD.  
City-State-Zip: APOPKA FL 32703

Title TD  
Name SCOTT, FRANK DIII  
Address 28121 TAMMI DR.  
City-State-Zip: TAVARES FL 32798

Title D  
Name LONG, WILLIAM DSR  
Address 2849 LUST RD.  
City-State-Zip: APOPKA FL 32703

*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: JOHN SCOTT LONG**

**PRESIDENT**

**04/02/2015**

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

\_\_\_\_\_  
Date