FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:13

DOCUMENT # 701047 (3)

1. Corporation Name

FLORIDA FERTILIZER AND AGRICHEMICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
58 4TH ST., NW SUITE 200 P.O. BOX 9326 WINTER HAVEN FL 33883-9326	58 4TH ST., NW SUITE 200 P.O. BOX 9326 WINTER HAVEN FL 33883-9326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1932
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-0245380 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAVIGNE, ANDREW W
58 4TH NW
STE 200
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title 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	☐ Change ☐ Addition
NAME	WEDGWORTH, DENNIS	1.2 NAME	
STREET ADDRESS	651 N.W. 9TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, ARDIS	2.2 NAME	
STREET ADDRESS	5925 IMPERIAL PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BATES, LARRY J.	3.2 NAME	
STREET ADDRESS	2121 3RD STREET, SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	ALEXANDER, STEVE	4.2 NAME	D
STREET ADDRESS	1619 PALACE CT	4.3 STREET ADDRESS	HODGES, JOSEPH
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	1180 SPRING CTR. S. BL. #102 ALTAMONTE SPRINGS, FL 32714
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	CRANE, GERALD	5.2 NAME	D
STREET ADDRESS	HIGHWAY 39 NORTH	5.3 STREET ADDRESS	JAY HALLARON
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	6216 INDIAN MEADOW DR. ORLANDO, FL 32819
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BURDESHAW, BEN	6.2 NAME	
STREET ADDRESS	710 NE 5TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECOBEE FL	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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LARRY J. BATES 2/28/95 293-4827
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0098738