

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:36

DOCUMENT # **J84071 (6)**

1. Corporation Name
HERBONICS, INC.

Principal Place of Business Mailing Address
**20025 S.W. 270TH ST
HOMESTEAD FL 33031
US** **P.O. BOX 1506
HOMESTEAD FL 33090-1506**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/15/1987** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-2830685** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**HANSON, CARL
48 N.E. 15TH STREET
HOMESTEAD FL 33030**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ST. ANDRE, JERRY
STREET ADDRESS	20025 SW 270 ST.
CITY, ST, ZIP	HOMESTEAD FL
TITLE	S
NAME	LEE, MARJORIE
STREET ADDRESS	20025 SW 270 ST.
CITY, ST, ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ST. ANDRE, JERRY	
13 STREET ADDRESS	20025 S.W. 270 ST.	
14 CITY - ST - ZIP	HOMESTEAD, FL 33031	
21 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LEE, MARJORIE	
23 STREET ADDRESS	20025 S.W. 270 ST.	
24 CITY - ST - ZIP	HOMESTEAD, FL 33031	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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(6)(b), 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. 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 of this report, if changed, or on an attachment with an address.

SIGNATURE: *Jerry St Andre*
JERRY ST ANDRE, PRESIDENT

JAN. 11, 1995 (306) 248-3125