FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:53

DOCUMENT # **P28967** **(8)**

1. Corporation Name
AGRICULTURAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3760 #5001 E PHILADELPHIA ONTARIO CA 91761	P.O. BOX 3760 #5001 E PHILADELPHIA ONTARIO CA 91761

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/17/1990
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 95-2925074 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PUTNAM, THOMAS B., ESQ.
%PETERSON & MYERS
141 5TH STREET, N.W., STE. 300
WINTER HAVEN FL 33883-7608

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, LON	12 NAME	
STREET ADDRESS	5001 E. PHILADELPHIA	13 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	CD ☒ Change ☐ Addition
NAME	WILLIAMS, JOHN	22 NAME	GERLACH, CLINTON
STREET ADDRESS	1151 CALLENS RD.	23 STREET ADDRESS	20401 PRAIRIE STREET
CITY-ST-ZIP	VENTURA CA	24 CITY-ST-ZIP	CHATSWORTH, CA 91311
TITLE	STD	31 TITLE	S ☒ Change ☐ Addition
NAME	STORY, WILLIAM M., JR.	32 NAME	DENT, CHERYL
STREET ADDRESS	3333 W. PACIFIC AVE.	33 STREET ADDRESS	20401 PRAIRIE STREET
CITY-ST-ZIP	BURBANK CA	34 CITY-ST-ZIP	CHATSWORTH, CA 91311
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	MARTIN, C. KEITH	42 NAME	Delete
STREET ADDRESS	4325 LA CRESCENTA DR.	43 STREET ADDRESS	
CITY-ST-ZIP	LA CRESCENTA CA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Clinton K. Gerlach February 2, 1995 (909)320-1888
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Title — Daytime Phone #

0481002 FP