

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

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95 JUN 29 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 329375 (0)**

1. Corporation Name  
**CROP DUSTERS, INC.**

Principal Place of Business Mailing Address  
**AIRPORT ROAD AIRPORT ROAD  
P.O. BOX 454 P.O. BOX 454  
BELLE GLADE FL 33430 BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/26/1968	06/07/1994
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1304789	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30	7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DUBOIS, SILVIA R 505 SOUTH FLAGLER DR. - SUITE 1330 WEST PALM BEACH FL 33401</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 in agreement with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FRANCISCO	1.2 NAME	
STREET ADDRESS	P.O. BOX 454 NA	1.3 STREET ADDRESS	100001528811
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-07/03/95--01007--008
TITLE	VD	2.1 TITLE	****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBOIS-RODRIGUEZ, SILVIA	2.2 NAME	100001528811
STREET ADDRESS	1633 WHITEMARSH DRIVE	2.3 STREET ADDRESS	-07/03/95--01007--009
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	****33.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, PABLO	3.2 NAME	
STREET ADDRESS	P. O. BOX 454 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ROBERTO	4.2 NAME	
STREET ADDRESS	4580 SOUTH SHORE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ADRIAN	5.2 NAME	
STREET ADDRESS	4580 SOUTH SHORE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS	6.2 NAME	
STREET ADDRESS	4580 SOUTH SHORE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH 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 110.07(3)(4), Florida Statutes. I further certify that the information included on this annual report or biennial 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 sole owner 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, unchanged, or on an attachment with an address.

SIGNATURE: *Francisco Rodriguez* MAY 2 2 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date Daytime Phone #