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

APPROVED AND FILED

95 FEB -2 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 580598 (1)

1. Corporation Name
AGRIPOST, INC.

Principal Place of Business	Mailing Address
1301 W. COPANS RD., C-10 POMPANO BEACH FL 33064	1301 W. COPANS RD., C-10 POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/28/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 664 S. Military Trail	Suite, Apt. #, etc. 27 664 S. Military Trail
City & State 23 Deerfield Beach, FL	City & State 28 Deerfield Beach, FL
Zip: 24 33442 Country: 25	Zip: 29 33442 Country: 30

4. FEI Number: 59-1917071 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORRER, JOHN O 1301 WEST COPANS ROAD, C-10 POMPANO BEACH FL 33064	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 664 S. Military Trail 83: 84 City: Deerfield Beach FL 85 Zip Code: 33442

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	PSD	1.1 TITLE	☑ Change ☐ Addition
NAME	FORRER, JOHN O	1.2 NAME	
STREET ADDRESS	1301 W. COPANS ROAD, C-10	1.3 STREET ADDRESS	664 S. Military Trail
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	WEST, EDWARD C	2.2 NAME	
STREET ADDRESS	1301 W. COPANS ROAD, C-10	2.3 STREET ADDRESS	664 S. Military Trail
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE		3.1 TITLE	D ☐ Change ☑ Addition
NAME		3.2 NAME	Anthony M. Pistilli
STREET ADDRESS		3.3 STREET ADDRESS	75 Wall Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10005
TITLE		4.1 TITLE	D ☐ Change ☑ Addition
NAME		4.2 NAME	Charles H. Hill
STREET ADDRESS		4.3 STREET ADDRESS	75 Wall Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	New York, NY 10005
TITLE		5.1 TITLE	D ☐ Change ☑ Addition
NAME		5.2 NAME	James M. Walker
STREET ADDRESS		5.3 STREET ADDRESS	One South Executive Park
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Charlotte, NC 28287
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/27/95 305-419-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John O. Forrer

0107020 CP