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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

609546

(7)

AGRI-CHEM, INC.

Principal Place of Business	Mailing Address
2003 BEATRICE DR. ORLANDO FL 32810	2003 BEATRICE DR. ORLANDO FL 32810



Principal Place of Business Mailing Address					!			
2003 BEATF ORLANDO		2003 BEATRICE DR. ORLANDO FL 32810						
					3. Date Incorporated or Qualified 02/12/1979	3a. Date of L 01/2	ast Report 5/1995	
	ace of Business 5221 Satel Dr	2a. Mailing Address 26 PO Box 607	477		4. FEI Number 59-1962414		Applied For Not Applicable	
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Orlando FL 32810 32810 Country USA	Zip	Country	-7477 USA	8. This corporation has liability for	r intangible tax ur s - No		
1	25	32860	30	USA	10. Name and Address of New		nt -	
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and the second			
HALL, DAVID J. 82 Street				Street Addre	ddress (P.O. Box Number is Not Acceptable)			
	BEATRICE DRIVE NDO FL 32810		83					
0,,22			84	City		FL ⁸	5 Zip Code	
SIGNATURE.	Sgrund, Tyled or pention name of Agostrophis, co. OF FICERS AND	DIRECTORS	13.	Signed", the treatment	ADDITIONS/CHANGES TO OF			
TITLE	PD	☐ DELFTE	1 1 TITLE	P	TD	(34 c	nange	
NAME	HALL, DAVID J.		1.2 NAME					
STREET ADDRESS	2003 BEATRICE		13 STREET A					
CITY - ST - ZIP TITLE	ORLANDO FL STD	[% DELETE	1.4 CITY - SF 2.1 TITLE	S	D		Change 🙀 Addition	
NAME	HALL, JANICE	Œ	2.2 NAME		nneth Rodamer			
STREET ADDRESS	AAAA DEATDICE		23 STREET A	l l	5 E 2 St			
CITY - ST - 2IP	ORLANDO FL		2.4 CITY - S1	-ze Ap	opka, FL 32703		Change Addition	
TIFLE	VD	☐ DELETE	3 1 TITLE 32 NAME			L .	Mange	
NAME	DAVIDSON, EARNEST E. 1405 SANDRA DR.		33 STREET	ADORESS				
STREET ADDRESS CITY-ST-7IP	BAKERSFIELD CA		3.4 C-TY - ST	i				
TITLE	ATD	☐ DELETE	4 \ TITLE				Change	
NAME	DAVIDSON, ELIZABETH		4.2 NAME					
STREET ADDRESS			4.3 \$1REET /					
CITY-ST-7IP	BAKERSFIELD CA	DELETE	4 4 CITY-SI 5 1 T TLF	· ZIP			Cnange	
TITLE		L. Dicere	5 2 NAME					
NAME STREET ADDRESS			53 STREET	ADDRESS				
CITY - ST - ZIF			5 4 CITY - ST					
TITLE		DELETE	6 1 TILLE				Change	
NAME			6.2 NAME					
STREET ADDRESS	S		63STREFT	1				
			TO A CATO C	r 7(1)				

14. Ldo 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)(k). 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 of 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 champed, or on an attaching trustwith an address.

SIGNATURE: TEO NAME OF SIGNING OFFICER OR DIRECTOR

407-295-6256