FILED

| DOCUMENT # 629690  1. Entity Name  AGRO SERVICES INTERNATIONAL, INC.  |   |  |         |                                 |              | Mar 06, 2002 8:00 am<br>Secretary of State<br>03-06-2002 90067 019 ***150.00 |            |                  |             |              |
|---|---|--|---------|---------------------------------|--------------|--|------------|------------------|-------------|--------------|
| Principal Place of Business  205 E MICHIGAN AVE  ORANGE CITY FL 32763   |   | Mailing Address  205 E MICHIGAN AVE  ORANGE CITY FL 32763      |         |                                 |              | B000100-   |            |                  |             |              |
| 2. Principal Place of Business  |   | 3. Mailing Address   |         |                                 |              |  |            |                  |             |              |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |         |                                 |              | DO NOT WRITE IN THIS SPACE   |            |                  |             |              |
| City & State  |   | City & State   |         |                                 | 4.           | 4. FEI Number 56-1031088 Applied Fo  |            |                  |             | ]            |
| Zip   | Country   | Zip  | Cour    | ntry                            | 5. (         | Certificate of Status Desired  |            | .75 Add          | ditional    |              |
|   | 6. Name and Address of Current F  | Registered Agent   |         | Name                            | 7. 1         | Name and Address of New Registe  | ered Age   | nt               |             | 1            |
| HUNTER,   | ARVEL<br>CHIGAN AVE   |  |         |                                 |              | Box Number is Not Acceptable)  |            |                  |             |              |
| ORANGE CITY FL 32763  |   |  | _       | City                            |              |  | FL         | Zip Cod          | le          |              |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!  After May 1, 200  Make Check Payab |   |  | ! FEE   | will be \$550                   | )<br>0.00    | 10. Election Campaign Financin Trust Fund Contribution.                      | DATE<br>G  |                  | 00 May Be   |              |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND I<br>PD<br>HUNTER, ARVEL<br>840 CITRUS TREE DR<br>ORANGE CITY FL   | DIRECTORS  Delete  |         | ŀ                               | AD           | DITIONS/CHANGES TO OFFICERS  |            | RECTOR<br>Change | S IN 11     | 2E034 (9/01) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | V<br>HUNTER, CARL<br>350 OAKAPPLE RD<br>LAKE HELEN FL   | ☐ Delete   |         |                                 |              |  |            | Change           | Addition    | ] [          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>HUNTER, ALEN<br>705 LARRY DRIVE<br>DELAND FL  | □ Delate   |         |                                 |              |  |            | Change           | ☐ Addition  |              |
| NAME STREET ADDRESS CITY-ST-ZIP   | ,<br>,  | □ Delete   | NAM     | E IE<br>EET ADDRESS<br>'-ST-ZIP |              |  |            | Change_          | Addition_   | -            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | □ Delete   |         | 1                               |              |  |            | Change           | ☐ Addition  |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete   |         | I .                             |              |  |            | Change           | ☐ Addition  |              |
| indicated<br>of the cor   | certify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee empor<br>or on an attachment with an address, w | true and accurate and that m<br>wered to execute this report a | y signa | ture shall hav                  | e the same I | legal effect as if made under oath; ti                                       | hat i am a | ın officer       | or director |              |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYLING Phone #