FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719890 (6)

1. Corporation Name

AGRIBUSINESS INSTITUTE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 140157 GAINESVILLE FL 32614-0157	P.O. BOX 140157 GAINESVILLE FL 32614-0157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1970
3a. Date of Last Report: 05/18/1994
4. FEI Number: 59-1381461 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POUCHER, DONALD W
2935 NW 12TH PLACE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: Rod Hemphill
82 Street Address (P.O. Box Number is Not Acceptable): 5700 SW 34th St.
83
84 City: Gainesville FL 85 Zip Code: 32608

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: Rod Hemphill PD — Rod Hemphill President — 3-17-95
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	POUCHER, DONALD W	12 NAME	Rod Hemphill	
STREET ADDRESS	2935 NW 12TH PLACE	13 STREET ADDRESS	5700 SW 34th St.	
CITY-ST-ZIP	GAINESVILLE FL 32605	14 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MIEDEMA, BARBARA	22 NAME	Mary Hartney	
STREET ADDRESS	P.O. BOX 666	23 STREET ADDRESS	1715 Hwy. 17 S.	
CITY-ST-ZIP	BELLE GLADE FL 33430	24 CITY-ST-ZIP	Bartow, FL 33830	
TITLE	VD	31 TITLE	VD	☐ Change ☒ Addition
NAME	HEMPHILL, ROD	32 NAME	Ray Gilmer	
STREET ADDRESS	P.O. BOX 730	33 STREET ADDRESS	4401 E. Colonial Drive	
CITY-ST-ZIP	GAINESVILLE FL 32608	34 CITY-ST-ZIP	Orlando, FL 32814	
TITLE	STD	41 TITLE	SD	☐ Change ☒ Addition
NAME	HARTNEY, MARY	42 NAME	Shannon J. Ross	
STREET ADDRESS	P.O. BOX 89	43 STREET ADDRESS	P.O. BX 89	
CITY-ST-ZIP	LAKELAND FL 33802	44 CITY-ST-ZIP	Lakeland, FL 33802	N/A
TITLE	M	51 TITLE	TD	☒ Change ☐ Addition
NAME	FINLAY, BRENDA	52 NAME	Don Poucher	
STREET ADDRESS	21145 13TH ST.	53 STREET ADDRESS	1021 McCarty Hall - University of Florida	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	Gainesville, FL 32611	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rod Hemphill President — Rod Hemphill — 3-17-95 — (904) 374-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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