

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

3. Date Incorporated or Qualified **12/16/1970** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>4401 East Colonial Dr.</b>		26 <b>P.O. Box 140155</b>		<b>59-1381461</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		Trust Fund Contribution			
23 <b>Orlando, FL</b>		28 <b>Orlando, FL</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip					
24 <b>32814</b>		29 <b>32814</b>		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEMPHILL, ROD**  
**5700 SW 34TH ST.**  
**GAINESVILLE FL 32608**

81 Name	<b>Ray Gilmer</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4401 E. Colonial Drive</b>
83	
84 City	<b>Orlando, FL</b>
85 Zip Code	<b>32803</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	<b>HEMPHILL, ROD</b>	1.2 NAME	<b>Gilmer, Ray</b>
STREET ADDRESS	<b>5700 SW 34TH ST.</b>	1.3 STREET ADDRESS	<b>4401 East Colonial Drive</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32803</b>
TITLE	VD	2.1 TITLE	VD
NAME	<b>HARTNEY, MARY</b>	2.2 NAME	
STREET ADDRESS	<b>1715 HWY 17 S</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARTOW FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	<b>GILMER, RAY</b>	3.2 NAME	<b>Shannon Ross</b>
STREET ADDRESS	<b>4401 E COLONIAL DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD
NAME	<b>ROSS, SHANNON J.</b>	4.2 NAME	<b>Mott, Merry</b>
STREET ADDRESS	<b>P.O. BOX 89</b>	4.3 STREET ADDRESS	<b>5401 Kirkman Road, Suite 650</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL 32819-7991</b>
TITLE	DT	5.1 TITLE	
NAME	<b>POUCHER, DON</b>	5.2 NAME	
STREET ADDRESS	<b>1021 MCCARTY HALL - UNIV. OF FLORIDA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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 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: *[Signature]* DATE **2/26/96** DAYTIME PHONE # **407/894-1351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)