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 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F53202 (0)

1. Corporation Name

B.L. CHARBONEAU, INC.

Principal Place of Business	Mailing Address
2789 GENTILE ROAD FT PIERCE FL 34945	2789 GENTILE ROAD FT PIERCE FL 34945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2234567 ☐ 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

CHARBONEAU, BRIAN L
2789 GENTILE ROAD
FT PIERCE FL 34945

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1 1 TITLE	☐ Change ☐ Addition
NAME	CHARBONEAU, KATHLEEN E	1 2 NAME	
STREET ADDRESS	2789 GENTILE ROAD	1 3 STREET ADDRESS	
CITY, ST, ZIP	FT PIERCE FL	1 4 CITY, ST, ZIP	
TITLE	PD	2 1 TITLE	☐ Change ☐ Addition
NAME	CHARBONEAU, BRIAN L	2 2 NAME	
STREET ADDRESS	2789 GENTILE ROAD	2 3 STREET ADDRESS	
CITY, ST, ZIP	FT PIERCE FL	2 4 CITY, ST, ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY, ST, ZIP		3 4 CITY, ST, ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY, ST, ZIP		4 4 CITY, ST, ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY, ST, ZIP		5 4 CITY, ST, ZIP	
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(i)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K.E. Charboneau 4-29-95 407-461-6869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K.E. CHARBONEAU, Sec.

0382186 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

(PROFIT) ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 AM 10:44

TALLAHASSEE FLORIDA

DOCUMENT # F56809 (9)

1. Entity Name

AGRITECH ENGINEERING, INC.

Principal Office Address	Mailing Address
445 27TH AVENUE, SW STE. A VERO BEACH FL 32968 US	445 27TH AVENUE, SW STE. A VERO BEACH FL 32968 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 12/02/1981

3a. Date of Last Report: 05/01/1994

21 Principal Office Address

22 Suite, Apt. # or Bldg.

23 City

24 State

25 Country

26 Mailing Address

27 Suite, Apt. # or Bldg.

28 City

29 State

30 Country

4. FEI Number: 59-2144026 — 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

CURTIS, NED
3055 CARDINAL DRIVE
SUITE 202
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, 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:

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
DP WADE, STEVEN 445 - 27TH AVENUE, S.W., SUITE A VERO BEACH FL	☐ Change ☐ Addition
V ~~MARINE, DOUG~~ ~~445 - 27TH AVENUE S.W., SUITE A~~ OMIT VERO BEACH FL	☒ Change ☐ Addition OMIT
V ~~WADE, STEVEN M.~~ 1008 HIDDEN HARBOURS DR OMIT MELBOURNE FL	☒ Change ☐ Addition OMIT
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, accurate, complete and that I am qualified to be an officer or director pursuant to Chapter 607, Florida Statutes. I further certify that the corporation named in this report is currently qualified to do business in Florida or that a foreign application for authorization to transact business in Florida will be filed within 90 days before any change in registered agent becomes effective. I understand that the signature fee, and tax will be forwarded with this report.

SIGNATURE: Steven M. Wade STEVEN M WADE 5/1/95 407 562 7178

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

0078606 CP