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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:43

DOCUMENT # **F93000002831 (6)**

1. Corporation Name
AGRO DYNAMICS, INC.

Principal Place of Business	Mailing Address
12 ELKINS RD. EAST BRUNSWICK NJ 08816	12 ELKINS RD. EAST BRUNSWICK NJ 08816

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21: 10 ALVIN CT
2a. Mailing Address — 26: 10 ALVIN CT
4. FEI Number: 22-3202204 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
23 City & State: EAST BRUNSWICK NJ
28 City & State: EAST BRUNSWICK NJ
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
24 Zip: 08816 — 25 Country
29 Zip: 08816 — 30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEALE, DALE
445 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4300 LB McCleod Rd
83
84 City: Orlando — FL — 85 Zip Code: 32811

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WYLIE, JAMES A JR.	1.2 NAME	
STREET ADDRESS	10 COMSTOCK CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT 06877	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	DEGIGLIO, MICHAEL	2.2 NAME	
STREET ADDRESS	267 MILES AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY 10308	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	SINKWAY, DAVID	3.2 NAME	S Vaillancourt, John
STREET ADDRESS	453 WASHINGTON ST.	3.3 STREET ADDRESS	377 Plantation St
CITY-ST-ZIP	BROOKLINE MA 02146	3.4 CITY-ST-ZIP	Worcester MA 01605
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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added or attached with an address.

SIGNATURE: Michael DeGiglio 3/1/95 908 257 4002
SIGNATURE AND TYPED OR PRINTED NAME OF MOTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478604 FP