FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

APPROVED AND FILED

97 MAY -1 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000000263 (2)**

1. Corporation Name

THE INDUSTRIAL FUMIGANT CO.

Principal Place of Business	Mailing Address
P.O. BOX 1200 OLATHE KS 66051-1200	P.O. BOX 1200 OLATHE KS 66051-1200

3. Date Incorporated or Qualified: **01/17/1995**

3a. Date of Last Report: **04/30/96**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **44-0529835** ☐ 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**

TURNER, GORDON
6018-43RD TER., NORTH
ST. PETERSBURG FL 33709

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

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

12. OFFICERS AND DIRECTORS			13.
TITLE	P	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	NEWLAND, J. MICHAEL		12 NAME
STREET ADDRESS	2315 OLD HIGHWAY 50		13 STREET ADDRESS
CITY-ST-ZIP	OTTAWA KS 66067		14 CITY-ST-ZIP
TITLE	V	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	BLACHLY, ROBERT M		22 NAME
STREET ADDRESS	307 N. OAK		23 STREET ADDRESS
CITY-ST-ZIP	PAOLA KS 66071		24 CITY-ST-ZIP
TITLE	ST	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	BLAUFUSS, THOMAS		32 NAME
STREET ADDRESS	13403 WEST 122ND STREET		33 STREET ADDRESS
CITY-ST-ZIP	OVERLAND PARK, KS 66213		34 CITY-ST-ZIP
TITLE	D	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME	WILBUR, DONALD A JR		42 NAME
STREET ADDRESS	304 TOWER		43 STREET ADDRESS
CITY-ST-ZIP	PAOLA KS 66071		44 CITY-ST-ZIP
TITLE	D	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME	ARNOTE, JIM L		52 NAME
STREET ADDRESS	4838 SOMERSET		53 STREET ADDRESS
CITY-ST-ZIP	PRAIRIE VILLAGE KS 66207		54 CITY-ST-ZIP
TITLE	D	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME	SWOYER, GLEN F		62 NAME
STREET ADDRESS	5418 CAENEN		63 STREET ADDRESS
CITY-ST-ZIP	SHAWNEE KS 66218		64 CITY-ST-ZIP

700002173457--2
-05/09/97--01106--011
****200.00 ****200.00

5/1/97

I do hereby certify that the information supplied with this filing is complete, furnished and does not fail to 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 on an attachment with an address.

SIGNATURE: Thomas M. Blauf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0505140 FN