FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
May 27 1998 8:00am
Secretary of State

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: 04/30/97

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (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

TITLE	P	☐ DELETE
NAME	NEWLAND, J. MICHAEL	
STREET ADDRESS	2315 OLD HIGHWAY 50	
CITY-ST-ZIP	OTTAWA KS 66067	
TITLE	V	☐ DELETE
NAME	BLACHLY, ROBERT M	
STREET ADDRESS	307 N. OAK	
CITY-ST-ZIP	PAOLA KS 66071	
TITLE	ST	☐ DELETE
NAME	BLAUFUSS, THOMAS	
STREET ADDRESS	13403 WEST 122ND STREET	
CITY-ST-ZIP	OVERLAND PARK, KS 66213	
TITLE	D	☐ DELETE
NAME	WILBUR, DONALD A JR	
STREET ADDRESS	304 TOWER	
CITY-ST-ZIP	PAOLA KS 66071	
TITLE	D	☐ DELETE
NAME	ARNOTE, JIM L	
STREET ADDRESS	4838 SOMERSET	
CITY-ST-ZIP	PRAIRIE VILLAGE KS 66207	
TITLE	D	☐ DELETE
NAME	SWOYER, GLEN F	
STREET ADDRESS	5418 CAENEN	
CITY-ST-ZIP	SHAWNEE KS 66218	

13.

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.1622, 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: J. Thomas M. Blaufuss 4/28/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR