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 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G06179 (7)

1. Corporation Name

AGRI-DEL, INC.

Principal Place of Business	Mailing Address
1025 COUNTY ROAD 17 NORTH LAKE PLACID FL 33852	1025 COUNTY ROAD 17 NORTH LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1982

3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2228065 ☐ 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

SMOAK, JOHN F., JR.
1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852

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 name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, JOHN F JR	12 NAME		
STREET ADDRESS	1025 COUNTY RD 17 N	13 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	14 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	VSD	21 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, EDWARD L	22 NAME		
STREET ADDRESS	1025 COUNTY RD. 17 N.	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	24 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	AS	31 TITLE	☒ Change ☐ Addition	
NAME	EURES, LEIGH S.	32 NAME		
STREET ADDRESS	1025 COUNTY RD. 17 N.	33 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	34 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	C	41 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, SUSAN H.	42 NAME		
STREET ADDRESS	1025 COUNTY RD. 17 N.	43 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	44 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	AVD	51 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, JOHN F. III	52 NAME		
STREET ADDRESS	1025 COUNTY RD 17 N.	53 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	54 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	AVD	61 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, EDWARD L. JR	62 NAME		
STREET ADDRESS	1025 COUNTY RD 17 N.	63 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	64 CITY-ST-ZIP	Lake Placid, FL 33852	

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 on an attachment with an address.

SIGNATURE: John F. Smoak, Jr. 4/21/95 813-465-2561

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

fee attached

0617164 CP

Agri-Del, Inc.
1025 County Road 17 North
Lake Placid, Florida 33852

(813) 465-2561
FAX (813) 465-7301

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13. continued CHANGES TO OFFICERS AND DIRECTORS

TITLE	A/T/D
NAME	SMOAK, PHILIP L.
STREET ADDRESS	ROUTE 1, BOX 131
CITY STATE ZIP	ZOLFO SPRINGS, FL 33890

TITLE	A/S/D
NAME	SMOAK, MASON G.
STREET ADDRESS	402 LAKE JUNE DRIVE
CITY STATE ZIP	LAKE PLACID, FL 33852