FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

Pg. 1 of 2

DOCUMENT # G06179 (7)

1. Corporation Name
AGRI-DEL, INC.

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

Mailing Address
1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852

3. Date Incorporated or Qualified: **10/27/1982**
3a. Date of Last Report: **05/01/1995**

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: **59-2228065** ☐ 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SMOAK, JOHN F JR 1025 COUNTY RD 17 N LAKE PLACID FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SMOAK, EDWARD L 1025 COUNTY RD. 17 N. LAKE PLACID FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS EURES, LEIGH S. 1025 COUNTY RD. 17 N. LAKE PLACID FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SMOAK, SUSAN H. 1025 COUNTY RD. 17 N. LAKE PLACID FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVD SMOAK, JOHN F. III 1025 COUNTY RD 17 N. LAKE PLACID FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVD SMOAK, EDWARD L. JR 1025 COUNTY RD 17 N. LAKE PLACID FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Edward L. Smoak — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward L. Smoak 3/25/96 941-465-2561
Date Daytime Phone #

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

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

(13. cont.) CHANGES TO OFFICERS AND DIRECTORS

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

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