# 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 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H46548** **(4)**

1. Corporation Name

**UNITED AGRI PRODUCTS-FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE CONAGRA DRIVE CC-360<br>OMAHA NE 68102-2001 | ONE CONAGRA DRIVE CC-360<br>OMAHA NE 68102-2001 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/12/1985**
3a. Date of Last Report: **04/14/1994**

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: **47-0680109** ☐ 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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**
**1201 HAYS STREET**
**SUITE 105**
**TALLAHASSEE FL 32301**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BLUE, JAMES C | 12 NAME | |
| STREET ADDRESS | 1601 HUNTER DR | 13 STREET ADDRESS | |
| CITY ST ZIP | PLANT CITY FL | 14 CITY ST ZIP | |
| TITLE | VP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | DILL, JOHN J. | 22 NAME | |
| STREET ADDRESS | ONE CONAGRA DR | 23 STREET ADDRESS | |
| CITY ST ZIP | OMAHA, N.E. | 24 CITY ST ZIP | |
| TITLE | STC | 31 TITLE | ☐ Change ☐ Addition |
| NAME | THOMAS, L B | 32 NAME | |
| STREET ADDRESS | ONE CONAGRA DR | 33 STREET ADDRESS | |
| CITY ST ZIP | OMAHA NE | 34 CITY ST ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MCKINNERNEY, FLOYD | 42 NAME | |
| STREET ADDRESS | 4687 18TH ST | 43 STREET ADDRESS | |
| CITY ST ZIP | OMAHA NE | 44 CITY ST ZIP | GREELEY CO 80634 |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | GOSLEE, DWIGHT | 52 NAME | |
| STREET ADDRESS | 20965 ROUNDUP ROAD | 53 STREET ADDRESS | |
| CITY ST ZIP | ELKHORN NE | 54 CITY ST ZIP | |
| TITLE | AS | 61 TITLE | ☐ Change ☐ Addition |
| NAME | BADBERG, SUE | 62 NAME | |
| STREET ADDRESS | ONE CONAGRA DR | 63 STREET ADDRESS | |
| CITY ST ZIP | OMAHA NE | 64 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. 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 J. Dill 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date

John J. Dill

0305697 CP