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

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

1. Corporation Name

UNITED AGRI PRODUCTS-FLORIDA, INC.

Principal Place of Business

ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-2001

Mailing Address

ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-2001

3. Date Incorporated or Qualified: 03/12/1985

3a. Date of Last Report: 05/01/1995

4. FEI Number: 47-0680109 — Applied For / Not Applicable

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

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 — Signature (typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent's signature required if changing filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BLUE, JAMES C	
STREET ADDRESS	1601 HUNTER DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VP	☐ DELETE
NAME	DILL, JOHN J.	
STREET ADDRESS	ONE CONAGRA DR	
CITY-ST-ZIP	OMAHA, N.E.	
TITLE	STC	☐ DELETE
NAME	THOMAS, L B	
STREET ADDRESS	ONE CONAGRA DR	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	☐ DELETE
NAME	MCKINNERNEY, FLOYD	
STREET ADDRESS	4687 18TH ST	
CITY-ST-ZIP	GREELEY CO	
TITLE	D	☐ DELETE
NAME	GOSLEE, DWIGHT	
STREET ADDRESS	20965 ROUNDUP ROAD	
CITY-ST-ZIP	ELKHORN NE	
TITLE	AS	☐ DELETE
NAME	BADBERG, SUE	
STREET ADDRESS	ONE CONAGRA DR	
CITY-ST-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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: 3/25/96 405-595-4305

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

CR2E034 (12/95)