FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-2001	ONE CONAGRA DRIVE CC-360 OMAHA NE 68102-5094

3. Date Incorporated or Qualified: 03/12/1985
3a. Date of Last Report: 04/08/1996
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

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 24: 68102-5001	Country 25
Zip 29: 68102-5001	Country 30

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLUE, JAMES C		1.2 NAME		
STREET ADDRESS	1601 HUNTER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DILL, JOHN J.		2.2 NAME		
STREET ADDRESS	ONE CONAGRA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA, N.E.		2.4 CITY-ST-ZIP		
TITLE	STC	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	THOMAS, L B		3.2 NAME	Walt Casey	
STREET ADDRESS	ONE CONAGRA DR		3.3 STREET ADDRESS	414 Martin Drive N.	
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP	Bellevue, NE 68005	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNERNEY, FLOYD		4.2 NAME		
STREET ADDRESS	4687 18TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREELEY CO		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GOSLEE, DWIGHT		5.2 NAME	Ken DiFonzo	
STREET ADDRESS	20965 ROUNDUP ROAD		5.3 STREET ADDRESS	16646 Howard Circle	
CITY-ST-ZIP	ELKHORN NE		5.4 CITY-ST-ZIP	Omaha, NE 68118	
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BADBERG, SUE		6.2 NAME		
STREET ADDRESS	ONE CONAGRA DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 J. Dill 4/11/97 (402) 595-4305