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Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 68102-5001
US

Mailing Address

ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-5001
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1985

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BLUE, JAMES C
STREET ADDRESS 1601 HUNTER DR
CITY-ST-ZIP PLANT CITY FL ☒ DELETE

TITLE VP
NAME DILL, JOHN J.
STREET ADDRESS ONE CONAGRA DR
CITY-ST-ZIP OMAHA, N.E. ☒ DELETE

TITLE SD
NAME CASEY, WALT
STREET ADDRESS 414 MARTIN DR N
CITY-ST-ZIP BELLEVUE NE ☒ DELETE

TITLE D
NAME MCKINNERNEY, FLOYD
STREET ADDRESS 4687 18TH ST
CITY-ST-ZIP GREELEY CO ☐ DELETE

TITLE D
NAME DIFONZO, KEN
STREET ADDRESS 16646 HOWARD CIRCLE
CITY-ST-ZIP OMAHA NE ☐ DELETE

TITLE AS
NAME BADBERG, SUE
STREET ADDRESS ONE CONAGRA DR
CITY-ST-ZIP OMAHA NE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Smith, Donnie R.
1.3 STREET ADDRESS 5409 Burchette Road
1.4 CITY-ST-ZIP Tampa, FL 33647 ☐ Change ☒ Addition

2.1 TITLE VP
2.2 NAME Debra L. Keith
2.3 STREET ADDRESS 2918 Blackhawk Circle
2.4 CITY-ST-ZIP Omaha, NE 68123 ☐ Change ☒ Addition

3.1 TITLE Secretary
3.2 NAME James P. O'Donnell
3.3 STREET ADDRESS 15724 Leavenworth Street
3.4 CITY-ST-ZIP Omaha, NE 68118 ☐ Change ☒ Addition

4.1 TITLE Treasurer
4.2 NAME Lacey, M. E.
4.3 STREET ADDRESS 9519 Parker Street
4.4 CITY-ST-ZIP Omaha, NE 68114 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME O'Donnell, James P.
5.3 STREET ADDRESS 15724 Leavenworth Street
5.4 CITY-ST-ZIP Omaha, NE 68118 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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

Debra L. Keith

2-25-00

402-566-4080

CR2E034 (10/97)