

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90120 020 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H46548**

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**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** One ConAgra Drive CC241

2a. Mailing Address

**26** One ConAgra Drive CC241

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country **25** Zip Country

**24** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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 **P** ☐ DELETE  
NAME **SMITH, DONNIE R**  
STREET ADDRESS **5409 BURCHETTE RD**  
CITY-ST-ZIP **TAMPA FL 33647**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **KEITH, DEBRA L**  
STREET ADDRESS **2918 BLACKHAWK CIR**  
CITY-ST-ZIP **OMAHA NE 68123**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **O'DONNELL, JAMES P**  
STREET ADDRESS **15724 LEAVENWORTH ST**  
CITY-ST-ZIP **OMAHA NE 68118**

3.1 TITLE **VP & Secretary** ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **1129 South 181 Plaza**  
3.4 CITY-ST-ZIP **Omaha, NE 68130**

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

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **James C. Blue**  
4.3 STREET ADDRESS **4007 Harbor Walk Lane**  
4.4 CITY-ST-ZIP **Ft. Collins, CO 80525**

TITLE **D** ☐ DELETE  
NAME **DIFONZO, KEN**  
STREET ADDRESS **16846 HOWARD CIRCLE**  
CITY-ST-ZIP **OMAHA NE**

5.1 TITLE **VP & Controller, & D** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE **Assistant Secretary** ☒ Change ☐ Addition  
6.2 NAME **David G. Withers**  
6.3 STREET ADDRESS **8105 North 40 Street**  
6.4 CITY-ST-ZIP **Omaha, NE 68112**

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, with all other like empowered.

SIGNATURE:

*Debra L. Keith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Debra L. Keith, VP-Tax**

**4/22/99**

**(402) 595-4575**

Date

Daytime Phone #

CR2E034 (1/98)