2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2004 8:00 am DOCUMENT # H46548 **Secretary of State** 1. Entity Name 02-25-2004 90040 043 \*\*\*150.00 UNITED AGRI PRODUCTS-FLORIDA, INC. Principal Place of Business Mailing Address ONE CONAGRA DRIVE ONE CONAGRA DRIVE OMAHA NE 68102-5001 OMAHA NE 68102-5001 2. Principal Place of Business 3. Mailing Address 7251 W Street 7251 W. 4th Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For 47-0680109 oreele Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 8063 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. -SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. $\mathsf{E} \cup \mathsf{P}$ TITLE Delete. TITLE Change Addition David W. Bullock 7251 W. 4th Street SMITH, DONNIE R NAME NAME 7251 410 S WARE BLVD 8TH FLOOR STREET ADDRESS STREET ADDRESS Greeler **TAMPA FL 33619** CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition Bryan Wilson -Street KEITH, DEBRA L NAME NAME STREET ADDRESS ONE CONAGRA DRIVE STREET ADDRESS CITY-ST-ZIP OMAHA NE 68102-5001 CITY-ST-ZIP (oreeley V.D. a secretary ☐ Change TITLE **VSD** Delete TITLE Addition Todd A. Suko street NAME O'DONNELL, JAMES P NAME STREET ADDRESS ONE CONAGRA DRIVE STREET ADDRESS CITY-ST-ZIP OMAHA NE 68102-5001 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE HECKMAN, GREGORY A NAME NAME ELEVEN CONAGRA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OMAHA NE 68102-5001 CITY-ST-ZIP VCD TITLE Delete Change TITLE ☐ Addition BOLDING, JAY D NAME NAME ONE CONAGRA DRIVE STREET ADDRESS STREET ADDRESS OMAHA NE 68102-5001 CITY-ST-ZIP CITY-ST-ZIP ACS TUTLE Delete TITLE Change 1 Addition WEDEKING, KEVIN L NAMÉ NAME ONE CONAGRA DRIVE STREET ADDRESS STREET ADDRESS OMAHA NE 68102-5001 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED