FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 10 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H52460** **(3)**

1. Corporation Name
AGRICON INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
12689 NEW BRITTANY BLVD. FT. MYERS FL 33907-0625	12689 NEW BRITTANY BLVD. FT. MYERS FL 33907-0625

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1985
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 2665 OAK RIDGE COURT
22 FT MYERS, FL
23 City & State
24 Zip 33901 Country 25 LEE

2a. Mailing Address
26 2665 OAK RIDGE COURT
27 FT MYERS, FL
28 City & State
29 Zip 33901 Country 30 LEE

4. FEI Number: 59-2557189 ☐ 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

9. Name and Address of Current Registered Agent

BROWN, DAVID C.
12689 NEW BRITTANY BLVD.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2665 OAK RIDGE COURT
83 FT MYERS, FL
84 City FL 85 Zip Code 33901

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	☒ Change	☐ Addition
NAME	BROWN, DAVID C.	12 NAME		
STREET ADDRESS	12689 NEW BRITTANY BLVD.	13 STREET ADDRESS	2665 OAK RIDGE COURT	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE	D	21 TITLE	☒ Change	☐ Addition
NAME	BROWN, DAVID C.	22 NAME		
STREET ADDRESS	12689 NEW BRITTANY BLVD.	23 STREET ADDRESS	2665 OAK RIDGE COURT	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: David C Brown DAVID C BROWN, PRESIDENT 4/3/95 813-275-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0331797 CP