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 26 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J00884** **(3)**

1. Corporation Name

SUMMITT AGRI-INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
SUMMITT INTERNATIONAL POST OFFICE 492. 111 S. MAIN STREET BRECKENRIDGE CO 80424 US	SUMMITT AGRI-INT'L POST OFFICE BOX 492 BRECKENRIDGE CO 80424 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1986	3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-2639676	☐ 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 SUMMITT INT'L	26 SUMMITT AGRI-INT'L
Suite, Apt. #, etc.: 22 8950 LIVE OAK DR	Suite, Apt. #, etc.: 27 HC 30 BOX 1553
City & State: 23 PRESCOTT AZ	City & State: 28 PRESCOTT AZ
Zip: 24 86301 Country: 25 US	Zip: 29 86301 Country: 30 USA

9. Name and Address of Current Registered Agent

RIVERA, LUIS
C/O INDUSTRIAL FEED TECH
2333 PONCE DE LEON
CORAL GABLES FL 33134

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 _____ 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	PDM	1.1 TITLE	PDM	☒ Change ☐ Addition
NAME	DUDICK, DONALD A.	1.2 NAME	DUDICK, DONALD A	
STREET ADDRESS	108 N HARRIS ST	1.3 STREET ADDRESS	HC30 BOX 1553 8950 LIVE OAK	
CITY-ST-ZIP	BRECKENRIDGE CO	1.4 CITY-ST-ZIP	PRESCOTT AZ 86301	
TITLE	DST	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	DUDICK, MAUREEN L.	2.2 NAME	DUDICK, M.L.	
STREET ADDRESS	108 N HARRIS ST	2.3 STREET ADDRESS	HC30 BOX 1553 8950 LIVE OAK	
CITY-ST-ZIP	BRECKENRIDGE CO	2.4 CITY-ST-ZIP	PRESCOTT AZ 86301	
TITLE	ASD	3.1 TITLE		☐ Change ☐ Addition
NAME	DUDICK, MICHAEL A.	3.2 NAME		
STREET ADDRESS	106 HIGH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRECKENRIDGE CO	3.4 CITY-ST-ZIP		
TITLE	ATD	4.1 TITLE		☐ Change ☐ Addition
NAME	DUDICK, BRIAN E.	4.2 NAME		
STREET ADDRESS	108 N HARRIS ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRECKENRIDGE CO	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Donald A Dudick 4.17.95 520 778 7742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491038 FN