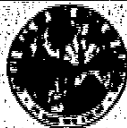


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 APR 17 PM 2:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M83640 (6)

1. Corporation Name

AGTECH PRODUCTS, INC.

Principal Place of Business

**W227 N752 WESTMOUND DR.
WAUKESHA WI 53186
US**

Mailing Address

**P. O. BOX 340635
MILWAUKEE WI 53234
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/25/1988

3a. Date of Last Report

07/19/1994

4. FEI Number

59-2894660

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENWALL, PETER C. K.
211 N.E. 1ST STREET
GAINESVILLE FL 32601**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	WOSKOW, STEVEN
STREET ADDRESS	2479 N 85TH ST.
CITY-ST-ZIP	WAUWATOSA WI
TITLE	VS
NAME	REHBERGER, THOMAS
STREET ADDRESS	8422 JACKSON PARK BLVD.
CITY-ST-ZIP	WAUWATOSA WI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DPT	☒ Change ☐ Addition
1.2 NAME	Woskow, Steven	
1.3 STREET ADDRESS	2479 N. 85th Street	
1.4 CITY-ST-ZIP	Wauwatosa, WI 53226	☒ Change ☐ Addition
2.1 TITLE	DVS	
2.2 NAME	Rehberger, Thomas	
2.3 STREET ADDRESS	8422 Jackson Park Blvd.	
2.4 CITY-ST-ZIP	Wauwatosa, WI 53226	☐ Change ☒ Addition
3.1 TITLE	D	
3.2 NAME	Howley, Kevin	
3.3 STREET ADDRESS	100 N. Water Street, Suite 2100	
3.4 CITY-ST-ZIP	Milwaukee, WI 53202	☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), 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:

Steven Woskow
Steven Woskow

4/5/95
4/5/95 4:14-521-17.17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number