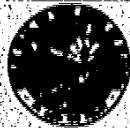


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18409 (5)**
1. Corporation Name
MONSANTO EMPLOYEES RECREATION ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address
**MONSANTO CO.
GONZALEZ FL 32560
US** **PO BOX 97
GONZALEZ FL 32560
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1986** 3a. Date of Last Report: **04/11/1994**
4. FEI Number: **59-2810432** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**WELLS, V. KEITH
308 S. JEFFERSON ST.
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent
81. Name: **EITON F. DEAN**
82. Street Address (P.O. Box Number is Not Acceptable): **761 PINEY LN**
83. City: **CANTONMENT** FL 85. Zip Code: **32533**

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: *Eiton F. Dean* DATE: **4/17/95**
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	PD ADAMS, GLENDANELLE 410 CHADSON ST. PENSACOLA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DEAN, ELTON 761 PINEY LANE CANTONMENT FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DEAN, EITON
STREET ADDRESS		2.3 STREET ADDRESS	761 PINEY LN
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CANTONMENT FL
TITLE	SD WISE, SHIRLEY 150 DAYLILY RD. CANTONMENT FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD JACKSON, SHAN 5812 WINDHAM RD. MILTON FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GARY DREYER
STREET ADDRESS		4.3 STREET ADDRESS	3262 WISSINS LN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D MCLELLAN, GEORGE 6116 E. SHORE DR. PENSACOLA FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	STEVE SKIRIUS
STREET ADDRESS		5.3 STREET ADDRESS	10611 SHADOW CREEK
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D ALVAREZ, HARRELL 2800 REESE LANE CANTONMENT FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE: *Eiton F. Dean* DATE: **4/17/95 (904) 768-7471**
Signature typed or printed name of signing officer or director (Note)