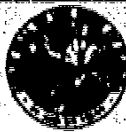


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:45

DOCUMENT # N93000004096 (4)

1. Corporation Name

**FLORIDA AGRIBUSINESS & INDUSTRIES ASSOCIATION,
INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/02/1993** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-3047670** 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. 199.032,
Florida Statutes ☐ Yes ☒ No

Principal Place of Business Mailing Address
**3300 UNIVERSITY BLVD
SUITE 140
WINTER PARK FL 32972**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, MARY R
3300 UNIVERSITY BOVD
SUITE 140
WINTER PARK FL 32972**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPC**
NAME **CONNER, OWEN W III**
STREET ADDRESS **%3300 UNIVERSITY BLVD, SUITE 140**
CITY-ST-ZIP **WINTER PARK FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **ANDERSON, WAYNE I**
STREET ADDRESS **%3300 UNIVERSITY BLVD, SUITE 140**
CITY-ST-ZIP **WINTER PARK FL 32972**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **ST GERMAIN, KENNETH M**
STREET ADDRESS **%3300 UNIVERSITY BLVD, SUITE 140**
CITY-ST-ZIP **WINTER PARK FL 32972**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **PLYLER, BOB J**
STREET ADDRESS **%3300 UNIVERSITY BLVD, SUITE 140**
CITY-ST-ZIP **WINTER PARK FL 32972**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **WOLF, GEORGE R**
STREET ADDRESS **%3300 UNIVERSITY BLVD, SUITE 140**
CITY-ST-ZIP **WINTER PARK FL 32972**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **HILL, JOSEPH W**
STREET ADDRESS **%3300 UNIVERSITY BLVD, SUITE 140**
CITY-ST-ZIP **WINTER PARK FL 32972**

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 118.07(3)(b), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Employee Number

4/26/95