

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90363 035 \*\*\*\*61.25

**DOCUMENT # N96000001291**

1. Entity Name

**AGRICULTURAL INNOVATIONS & RESEARCH, INCORPORATED**

Principal Place of Business

Mailing Address

~~600 SCENIC HWY~~  
~~SUITE 223~~  
 PENSACOLA FL 32503-6731  
 US

~~600 SCENIC HWY~~  
~~SUITE 223~~  
 PENSACOLA FL 32503-6731  
 US

2. Principal Place of Business

*16 Port Royal way*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*Pensacola, FL*

City & State

Zip

Country

Zip

Country

*32501*

4. FEI Number

**59-3388600**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HOVANESIAN, ARCHIBALD JR**  
**600 SCENIC HWY, SUITE 223**  
**SUITE 223**  
**PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name *HOVANESIAN, ARCHIBALD, JR*  
 Street Address (P.O. Box Number is Not Acceptable)

*16 Port Royal way*

City

*Pensacola*

FL

Zip Code

*32501*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	HOVANESIAN, ARCHIBALD JR	
STREET ADDRESS	<del>600 SCENIC HWY SUITE 223</del>	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HOVANESIAN, JOHN C	
STREET ADDRESS	5951 OGLESBY RD	
CITY-ST-ZIP	MILTON FL	
TITLE	D.	<input type="checkbox"/> Delete
NAME	CARNAHAN, WILLIAM A	
STREET ADDRESS	2158 FLORIDA AVE NW #3A	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	2	HOVANESIAN, ARCHIBALD JR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		16 Port Royal way	
CITY-ST-ZIP		Pensacola, FL 32501	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

*[Signature]*

CR2E037 (10/00)