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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P04985

(8)

1. Corporation Name

AGRATRADE FINANCING, INC.

Principal Place of Business

244 PERIMETER CENTER PKWY. P.O. BOX 2210
ATLANTA GA 30346-2302

Mailing Address

244 PERIMETER CENTER PKWY. P.O. BOX 2210
ATLANTA GA 30346-2302



3. Date Incorporated or Qualified

02/12/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 P
NAME BENNETT, ROBERT G.
STREET ADDRESS 244 PERIMETER CENTER PKW
CITY-ST-ZIP ATLANTA GA ☐ DELETE

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

TITLE S
NAME LAWING, JACK L.
STREET ADDRESS 244 PERIMETER CENTER PKW
CITY-ST-ZIP ATLANTA GA ☐ DELETE

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

TITLE T
NAME WEST, STEPHEN O.
STREET ADDRESS 244 PERIMETER CENTER PKW
CITY-ST-ZIP ATLANTA GA ☐ DELETE

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

TITLE CD
NAME HOGAN, J.K.
STREET ADDRESS 244 PERIMETER CENTER PKW
CITY-ST-ZIP ATLANTA GA ☒ DELETE

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

STIMPert, MICHAEL A.

TITLE D
NAME CHITWOOD, H O
STREET ADDRESS 244 PERIMETER CENTER PKY
CITY-ST-ZIP ATLANTA GA ☒ DELETE

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

BEKKERS, JOHN

TITLE D
NAME COAN, G O
STREET ADDRESS 244 PERIMETER CENTER PKY
CITY-ST-ZIP ATLANTA GA ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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, as an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen O. West, Treasurer

5/17/96

Date

(770) 393-5064

Daytime Phone #

CR2E034 (12/95)