

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P21658** (0)

1. Corporation Name

UAP/GA AG CHEM, INC.



Principal Place of Business

**ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-2001**

Mailing Address

**ONE CONAGRA DRIVE CC-360
OMAHA NE 68102-2001**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.1506, 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

DATE Registered Agent's first appearance (if new agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLUE, JAMES C.	
STREET ADDRESS	1601 SOUTH HUNTER DRIVE	
CITY-STATE-ZIP	PLANT CITY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DILL, JOHN J.	
STREET ADDRESS	ONE CONAGRA DR	
CITY-STATE-ZIP	OMAHA NE	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BADBERG, SUE	
STREET ADDRESS	ONE CONAGRA DR	
CITY-STATE-ZIP	OMAHA NE	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMAS, L.B.	
STREET ADDRESS	ONE CONAGRA DR	
CITY-STATE-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKINERNEY, FLOYD	
STREET ADDRESS	4887 18TH STREET	
CITY-STATE-ZIP	GREELEY CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOSLEE, DWIGHT	
STREET ADDRESS	20965 ROUNDUP ROAD	
CITY-STATE-ZIP	ELKHORN NE	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John J. Dill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 402-545-4305
Date Filed Office Phone

CR2E034 (12/95)