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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

1996

DOCUMENT # P21658 (0)  LIAP/GA AG CHEM INC						
UAP/(	ga ag chem, inc.					
ONE CONA	e of Business IGRA DRIVE CC-360 E 88102-2001	Mailing Address ONE CONAGRA DRI OMAHA NE 68102-2		4 LEGGINGON THE THEORY WASHINGTON	nar hani arani aran 44011 andik 41019 ali	EUC ADOL
				3. Date incorporated or Qualified.	3a. Date of Last Report 05/01/1995	
2. Principal P	Place of Business	2a. Mailing Address 26		4. FET Number 47-0648557	Applied	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	Not App	onai
l - City & Stat I	te	City & State		6. Election Campaign Financing	Fee Require	
] Ζιρ	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fee intangible tax under s 199.03;	
L	25 9. Name and Address of Currer	29 29 Agent	[30]	Florida Statutes Yes  10. Name and Address of New I	s ∐No	
1201 H	RENTICE-HALL CORPORATION S IAYS STREET			ress (P.O. Box Number is Not Acceptal		
SUITE 105 TALLAHASSEE FL 32301			83   84   City		<b>■ 85</b> Z₁p Code	
				ration submits this statement for the pured of directors. Thereby accept the app	rpose of changing its registered	d office
tamiliar w. GNATURE:	of the obligations of, Sect	tion 607.0505, Florida Statute	es.	11	a	
	Signature inyoned or printed matter of respectation against OF FICE RS AN		Oli Bojoto ol Ajort s.p., h. nopur	Twice for Gray  ADDITIONS/CHANGES TO OFF	DATE TOERS AND DIRECTORS IN 1.	2
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is not nearby certify that the information supplies with this fling is voluntarily turnished 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 onth, 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 3 if clylinged, or on an anti-chiment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 402-595-4305