

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90001 046 \*\*\*450.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P32415

1. Corporation Name  
AGRA HOLDINGS, INC.

Principal Place of Business  
1900-335-8TH AVE., S.W.  
CALGARY, ALBERTA T2P 1C9  
CANADA

Mailing Address  
1900-335-8TH AVE., S.W.  
CALGARY, ALBERTA T2P 1C9  
CANADA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1991

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

98-2065986

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, ALEXANDER	
STREET ADDRESS	100-2010 WINSTON PARK DR	
CITY-ST-ZIP	OAKVILLE ON	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCARTHY, F. DENNIS	
STREET ADDRESS	7708 WAGNER ROAD	
CITY-ST-ZIP	EDMONTON, ALBERTA,CANADA T6E-5B2	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DITTMER, ROBERT G.	
STREET ADDRESS	1900-335 8TH AVENUE S.W.	
CITY-ST-ZIP	CALGARY, ALBERTA CAN T2P-1C9	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WARD, TERANCE F.	
STREET ADDRESS	7708 WAGNER ROAD	
CITY-ST-ZIP	EDMONTON, ALBERTA T6E-5B2	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SETTLAGE, RANDOLPH D	
STREET ADDRESS	10108-32ND AVE. W., BLDG. C3, STE. A2	
CITY-ST-ZIP	EVERETT WA 98012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Dittmer, Secretary

Apr. 19/99

Date

(403) 263-9606

Daytime Phone #

CR2E034 (11/98)