FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2: 23

DOCUMENT # P93000006976 (3)

1. Corporation Name
GULF AGRIFINANCE, INC.

Principal Place of Business
2825 TAMIAMI TRAIL
BLDG. C
PUNTA GORDA FL 33950

Mailing Address
P.O. BOX 51-2116
PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1993
3a. Date of Last Report: 02/17/1994
4. FEI Number: 65-0383167 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANT, GARY W
2825 TAMIAMI TRAIL
BLDG. C
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: Federer, William F.
82 Street Address (P.O. Box Number is Not Acceptable): 2825 Tamiami Trail
83 Bldg. C
84 City: Punta Gorda FL 85 Zip Code: 33950

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Grant, Gary W. ☒ Change ☐ Addition
NAME	GRANT, GARY W	1.2 NAME	No longer with Company
STREET ADDRESS	2825 TAMIAMI TRAIL, BLDG. C	1.3 STREET ADDRESS	
CITY, ST, ZIP	PUNTA GORDA FL 33950	1.4 CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	DPS ☒ Change ☐ Addition
NAME	FEDERER, WILLIAM F	2.2 NAME	
STREET ADDRESS	2825 TAMIAMI TRAIL, BLDG. C	2.3 STREET ADDRESS	
CITY, ST, ZIP	PUNTA GORDA FL 33950	2.4 CITY, ST, ZIP	
TITLE	DST	3.1 TITLE	DVT ☒ Change ☐ Addition
NAME	WINSLOW, GEORGE A	3.2 NAME	
STREET ADDRESS	2825 TAMIAMI TRAIL, BLDG. C	3.3 STREET ADDRESS	
CITY, ST, ZIP	PUNTA GORDA FL 33950	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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)(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.

SIGNATURE: [signature] 1/12/95 813/575-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0452720 FP