

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000167 (4)

1. Corporation Name

EVERGREEN AG PRODUCTS INC.

Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

DAVID A KING
1416 KINGSLEY AVE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

4. FEI Number

59-3217745

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 has liability for intangible taxes under S. 195.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 4213 County Road 218

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 4

Suite, Apt. #, etc.

27

City & State

23 Middleburg, FL

City & State

28

24 Zip

25 Country

U.S.A.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, DAVID A

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Attorney at Law

83

1416 Kingsley Avenue

84 City

Orange Park

FL

85 Zip Code

32073

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HULING, ROY C SR

STREET ADDRESS

418 BRANSCOMB ROAD

CITY - ST - ZIP

GREEN COVE SPRINGS FL 32043

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

D

NAME

HULING, ROY C JR

STREET ADDRESS

10472 OLD PLANK ROAD

CITY - ST - ZIP

JACKSONVILLE FL 32220

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

~~XXXX~~

NAME

~~XXXXXXXXXX~~

STREET ADDRESS

~~XXXXXXXXXX~~

CITY - ST - ZIP

~~XXXXXXXXXX~~

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

D

NAME

HULING, C. PAUL

STREET ADDRESS

24500 SW 162ND AVE

CITY - ST - ZIP

HOMESTEAD FL 33031

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(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, or on an attachment with an address.

SIGNATURE:

Roy C. Huling, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR
Roy C. Huling, Sr., President

4/17/95

Date

904-282-9175

Telephone Number