FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000083680 (6)

1. Corporation Name

ORGANIC CERTIFICATION SERVICES, INC.

Principal Place of Business	Mailing Address
787 SOUTH YONGE (U.S. 1) ORMOND BEACH FL 32174	787 SOUTH YONGE (U.S. 1) ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report: 11/17/1995

2. Principal Place of Business
21 128 MASON RD.
Suite, Apt. #, etc.
22
City & State
23 MELROSE, FL
Zip
24 32666
Country
25 ~~PUTNAM~~ USA

2a. Mailing Address
26 128 MASON RD.
Suite, Apt. #, etc.
27
City & State
28 MELROSE, FL
Zip
29 32666
Country
30 USA

4. FEI Number: 59-3318967 ☐ 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 tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OGLE, WILLIAM H
787 SOUTH YONGE (U.S. 1)
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: ROBERT N. LAURIAULT
82 Street Address (P.O. Box Number is Not Acceptable): 128 MASON RD.
83
84 City: MELROSE FL
85 Zip Code: 32666

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] R.N. LAURIAULT 5/1/96
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	D	☐ DELETE
NAME	OGLE, WILLIAM H	
STREET ADDRESS	787 SOUTH YONGE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☐ DELETE
NAME	MCCLELLAND, ANNA	
STREET ADDRESS	128 MASON ROAD	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	D	☐ DELETE
NAME	LAURIAULT, ROBERT	
STREET ADDRESS	128 MASON ROAD	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(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: [signature] 5/1/96 (352) 475-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R.N. LAURIAULT, DIR.