

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 # **P95000058269 (8)**

1. Corporation Name

AGRI-ELECTRONICS, INC.



Principal Place of Business

Mailing Address

**1605 VILLAGE WAY
ORANGE PARK FL 32073**

**1605 VILLAGE WAY
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified

07/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARCHAMBAULT, PATRICIA A
1605 VILLAGE WAY
ORANGE PARK FL 32073**

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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

**D
ARCHAMBAULT, PATRICIA A
1605 VILLAGE WAY
ORANGE PARK FL 32073**

2. TITLE ☐ DELETE

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

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22. TITLE ☐ DELETE

23. TITLE ☐ DELETE

24. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME ☐ Change ☐ Addition

3. 3. STREET ADDRESS ☐ Change ☐ Addition

4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

5. 5. CITY - ST - ZIP ☐ Change ☐ Addition

6. 6. CITY - ST - ZIP ☐ Change ☐ Addition

7. 7. CITY - ST - ZIP ☐ Change ☐ Addition

8. 8. CITY - ST - ZIP ☐ Change ☐ Addition

9. 9. CITY - ST - ZIP ☐ Change ☐ Addition

10. 10. CITY - ST - ZIP ☐ Change ☐ Addition

11. 11. CITY - ST - ZIP ☐ Change ☐ Addition

12. 12. CITY - ST - ZIP ☐ Change ☐ Addition

13. 13. CITY - ST - ZIP ☐ Change ☐ Addition

14. 14. CITY - ST - ZIP ☐ Change ☐ Addition

15. 15. CITY - ST - ZIP ☐ Change ☐ Addition

16. 16. CITY - ST - ZIP ☐ Change ☐ Addition

17. 17. CITY - ST - ZIP ☐ Change ☐ Addition

18. 18. CITY - ST - ZIP ☐ Change ☐ Addition

19. 19. CITY - ST - ZIP ☐ Change ☐ Addition

20. 20. CITY - ST - ZIP ☐ Change ☐ Addition

21. 21. CITY - ST - ZIP ☐ Change ☐ Addition

22. 22. CITY - ST - ZIP ☐ Change ☐ Addition

23. 23. CITY - ST - ZIP ☐ Change ☐ Addition

24. 24. CITY - ST - ZIP ☐ Change ☐ Addition

25. 25. CITY - ST - ZIP ☐ Change ☐ Addition

26. 26. CITY - ST - ZIP ☐ Change ☐ Addition

27. 27. CITY - ST - ZIP ☐ Change ☐ Addition

28. 28. CITY - ST - ZIP ☐ Change ☐ Addition

29. 29. CITY - ST - ZIP ☐ Change ☐ Addition

30. 30. CITY - ST - ZIP ☐ Change ☐ Addition

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: *Patricia A. Archambault*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

Date

(904)269-5030

Daytime Phone #

CR2E034 (12/95)