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 # **P95000078158 (9)**

1. Corporation Name

AGRECON INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
122 N.W. 101 COURT GAINESVILLE FL 32607	~~122 N.W. 101 COURT~~ ~~GAINESVILLE FL 32607~~

3. Date Incorporated or Qualified: **10/09/1995**

3a. Date of Last Report:

21	2. Principal Place of Business	26	2a. Mailing Address: P.O. Box 13694
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State: GAINESVILLE, FL
24	Zip	29	Zip: 32604-1694
25	Country	30	Country: U.S.A.

4. FEI Number: 59-3340472 ☐ 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

TAYLOR, TIMOTHY G
122 N.W. 101 COURT
GAINESVILLE FL 32607

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, TIMOTHY G		1.2 NAME	
STREET ADDRESS	122 N.W. 101 COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MESSINA, WILLIAM A JR		2.2 NAME	
STREET ADDRESS	3318 NW 110TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FAIRCHILD, GARY F		3.2 NAME	
STREET ADDRESS	8415 SW 1ST AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OLEXA, MICHAEL T		4.2 NAME	
STREET ADDRESS	6515 NW 47TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653-4007		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COOK, ROBERTA L		5.2 NAME	
STREET ADDRESS	608 COLLEGE STREET #13		5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND CA 95695		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: William A Messina, Jr 7-26-96 (352) 392-5063

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