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FILED

00 SEP 15 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HENDRIX AND DAIL, INC.

_____

_____

_____ one #

REGIONAL OFFICE
HENDRIX AND DAIL, INC.
P.O. BOX 965
TIFTON, GA. 31794

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

800003394658--5
-09/15/00--01054--022
*****87.50 *****87.50

1. Todd Martin
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. Power of Atty
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

Q-109

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Name Availability	
Document Examiner	NJC
Updater	NJC
Updater Verifyer	NJC
Acknowledgement	NJC
W. P. Verifyer	NJC

Examiner's Initials

CR2E031(7/97)

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDES LICENSEE

PART I

1. Name and business address of nonresident:

Todd Martin c/o Hendrix and Dail, Inc.

P. O. Box 965

Tifton, GA 31793

(COMPLETE EITHER #2 OR #3 - NOT BOTH)

2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:

_____

_____

_____, FL. _____

Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent's signature: _____

3. *I,* Todd Martin *a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.*

Nonresident's signature: Todd Martin

PART II

I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.

Nonresident's signature: Todd Martin

Date: 7-26-00

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TALLAHASSEE, FLORIDA

FEES: $35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)
$52.50 - CERTIFIED COPY FEE (REQUIRED)
$87.50 - TOTAL DUE
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)

SUBMIT DOCUMENT AND CHECK TO:
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES.