

100002460651-----03/18/98--01055--017 *****87.50 *****87.50 Office Use Only

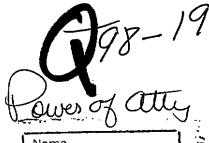
CORPORATION NAME(S)	& DOCUMENT NUMBER(S), (if known):
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1	Corporation Name)	Nix (Doc	zument #)			
2	(Corporation Name)	(Doc	cument #)			
3	(Corporation Name)	(Doc	nument #)	SEGRET	98 MAR	71
4	(Corporation Name)	(Doc	cument #)	ARRY OF	A B P	LED
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

ÖTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

Talenta I	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other



Name Availability	M
Document Examiner	илс
Updater	NJC
Updater Verifyer	NJC
Acknow.eug	gement NJC
W. P. Verify	er NJC

Examiner's Initials	

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

PART 1
1. Name and business address of nonresident:
Daniel R. Nix (Trumac Sales, Inc.)
P.O. Box 149; McKenzie Trail
Furman, SC 29921
(COMPLETE EITHER #2 OR #3 - NOT BOTH)
 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: <u>Penial R.</u>
3. I. Daniel R. Nix ,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:
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: 3-12-98
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: OLIVISION 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.

INHSE30(6/92)