

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

FILED
Apr 17 1996 8:00 am
Secretary of State

DOCUMENT # **S86826** (2)

1. Corporation Name

HYDRO AGRI NORTH AMERICA, INC.

Principal Place of Business

**100 N. TAMPA STREET
3200
TAMPA FL 33602
US**

Mailing Address

**100 N. TAMPA STREET
3200
TAMPA FL 33602
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

03/16/1995

4. FEI Number

59-3090631

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

Thomas M. Calcaterra

82 Street Address (P.O. Box Number is Not Acceptable)

1001 Harbour Island Blvd.

83

Unit 2405

84 City

Tampa

FL

85

Zip Code

33602

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 607.0506, Florida Statutes.

SIGNATURE

Thomas M. Calcaterra

Thomas M. Calcaterra Vice President 4/5/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

DP

NAME

BACH, BJORN

STREET ADDRESS

100 N. TAMPA STREET, SUITE 100

CITY-ST-ZIP

TAMPA FL

TITLE

STV

NAME

CALCATERRA, THOMAS

STREET ADDRESS

100 N. TAMPA STREET, SUITE 100

CITY-ST-ZIP

TAMPA FL

TITLE

DC

NAME

SOERBOTTEN, AUDUN

STREET ADDRESS

BYGDOY ALLE 1, N-0240

CITY-ST-ZIP

OSLO, NORWAY

TITLE

D

NAME

EILERTSEN, OLE JULIAN

STREET ADDRESS

BYGDOY ALLE 2, N-0240

CITY-ST-ZIP

OSLO NO

TITLE

D

NAME

BIRKELUND, DAG

STREET ADDRESS

BYGDOY ALLE 2, N-0240

CITY-ST-ZIP

OSLO, NORWAY

TITLE

D

NAME

CAVAZUTI, EDWARD

STREET ADDRESS

BYGDOY ALLE 2, N-0240

CITY-ST-ZIP

OSLO NO

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director

Hallgeir Storvik

Bygdoy Alle 2, N-0240

Oslo, NORWAY

Director

Almar Kylling

Bygdoy Alle 2, N-0240

Oslo, NORWAY

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:

Thomas M. Calcaterra

Thomas M. Calcaterra

4/5/96

813 222-5736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)