

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****DOCUMENT # V68467 (2)**

1. Corporation Name

OKKO AGROTECH, INC.**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 APR -3 PM 4:05**

Principal Place of Business

Mailing Address

**4924 NW 166 AVE
GAINESVILLE FL 32606
US****PO BOX 1369
ALACHUA FL 32615
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/30/1992**3a. Date of Last Report 05/01/1994****4. FBI Number 59-3156183**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**2. Principal Place of Business****2a. Mailing Address****21****26**

Suite, Apt. #, etc.

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****KO, NAN-JING
4924 NW 166TH AVE
GAINESVILLE FL 32606****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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PST
NAME	KO, NAN-JING
STREET ADDRESS	4924 NW 166TH AVE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	KO, NAN-JING
STREET ADDRESS	4924 NW 166TH AVE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(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:**Nan-Jing Ko****1/16/95****(904) 462-6338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)