

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004523

**Entity Name:** PLANT HEALTH INTERMEDIATE, INC.

**Current Principal Place of Business:**

1550 OLD STATE HWY 210  
LIBERTY, MO 64058

**Current Mailing Address:**

1550 OLD STATE HWY 210  
LIBERTY, MO 64058 US

**FEI Number: 83-2210954**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CHRM  
Name EASON, RANDALL  
Address 1550 OLD STATE HWY 210  
City-State-Zip: LIBERTY MO 64068

Title VCHR  
Name GAYNOR, SAM  
Address 1550 OLD STATE HWY 210  
City-State-Zip: LIBERTY MO 64068

Title D  
Name FULLER, BILL  
Address 1550 OLD STATE HWY 210  
City-State-Zip: LIBERTY MO 64068

Title P  
Name LONG, WES  
Address 1550 OLD STATE HWY 210  
City-State-Zip: LIBERTY MO 64068

Title VP  
Name ADAMS, VINCE  
Address 1550 OLD STATE HWY 210  
City-State-Zip: LIBERTY MO 64068

Title T  
Name BRIDGNELL, CHRIS  
Address 1550 OLD STATE HWY 210  
City-State-Zip: LIBERTY MO 64068

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRIS BRIDGNELL**

**SECRETARY**

**03/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date