

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003435 (4)**

1. Corporation Name  
**GA/FLA FERTILIZER, INC.**

FILED  
96 JAN 30 AM 11:20



Principal Place of Business: P.O. BOX 49 QUITMAN GA 31643  
Mailing Address: P.O. BOX 49 QUITMAN GA 31643

3. Date Incorporated or Qualified: **06/30/1994**  
3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **58-1761185**  
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name: **CORPORATION SERVICE COMPANY**  
82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYS STREET**  
83  
84 City: **TALLAHASSEE** FL 85 Zip Code: **32303**

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.  
**Corporation Service Company**

SIGNATURE: *Laura R. Dunlap* **Laura R. Dunlap, as its agent** 1-30-96  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HAGAN, JOHNNY</b>	
STREET ADDRESS	<b>RT 1 BOX 93A</b>	
CITY-STATE-ZIP	<b>DIXIE GA 31629</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WORTMAN, HENRY</b>	
STREET ADDRESS	<b>RT 4 BOX 77</b>	
CITY-STATE-ZIP	<b>QUITMAN GA 31643</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>WEHNER, AL</b>	
STREET ADDRESS	<b>RT 2 BOX 245</b>	
CITY-STATE-ZIP	<b>QUITMAN GA 31643</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, LARRY</b>	
STREET ADDRESS	<b>COUNTRY CLUB RD., P.O. BOX 68</b>	
CITY-STATE-ZIP	<b>QUITMAN GA 31643</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-STATE-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-STATE-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-STATE-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-STATE-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-STATE-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-STATE-ZIP	

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\*\*\*\*200.00 \*\*\*\*200.00

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: *Larry Cunningham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E034 (12/95)