

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 20 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F94000003435 (4)
 1. Corporation Name
GA/FLA FERTILIZER, INC.



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------------------|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 E. Oglesby Ave. | 26 P.O. Box 409 | | | 06/30/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 58-1761185 | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Quitman, Ga. | | Quitman Ga | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip Country | | Zip Country | | | |
| 31643 USA | | 31643 USA | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST. TALLAHASSEE FL 32303 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | HAGAN, JOHNNY | | | 1.2 NAME | | | |
| STREET ADDRESS | RT 1 BOX 83A | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DIXIE GA 31629 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | WORTMAN, HENRY | | | 2.2 NAME | | | |
| STREET ADDRESS | RT 4 BOX 77 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | QUITMAN GA 31643 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | WEHNER, AL | | | 3.2 NAME | | | |
| STREET ADDRESS | RT 2 BOX 245 | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | QUITMAN GA 31643 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | CUNNINGHAM, LARRY | | | 4.2 NAME | | | |
| STREET ADDRESS | COUNTRY CLUB RD., P.O. BOX 68 | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | QUITMAN GA 31643 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Budd Boss** *Budd Boss* Mar 11/5/98 912 262 9022

CR2E034 (10/97)