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FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90043 001 ****150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # F94000003435

150.00

1. Corporation Name
GA/FLA FERTILIZER, INC.

Principal Place of Business
**E OGLESBY AVE
 QUITMAN GA 31643
 US**

Mailing Address
**PO BOX 409
 QUITMAN GA 31643
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
06/30/1994

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
 1201 HAYS ST.
 TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN, JOHNNY	1.2 NAME	
STREET ADDRESS	RT 1 BOX 93A	1.3 STREET ADDRESS	
CITY-ST-ZIP	DIXIE GA 31629	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	2.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	3.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	4.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **1/27/99** **912-263-0725**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)