

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90145 038 ***150.00

REG-071 AT

DOCUMENT # F94000003435

1. Entity Name
GA/FLA FERTILIZER, INC.

Principal Place of Business Mailing Address

E OGLESBY AVE PO BOX 409
QUITMAN GA 31643 QUITMAN GA 31643
US US

B0013662



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **58-1761185** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P HAGAN, JOHNNY	<input checked="" type="checkbox"/> Delete	TITLE	VICE-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGAN, JOHNNY		NAME	S. L. Jones	
STREET ADDRESS	RT 1 BOX 93A		STREET ADDRESS	1500 Old Madison Rd.	
CITY-ST-ZIP	DIXIE GA 31629		CITY-ST-ZIP	Quitman, GA 31643	
TITLE	V WORTMAN, HENRY	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTMAN, HENRY		NAME	Wortman, Henry	
STREET ADDRESS	RT 4 BOX 77		STREET ADDRESS	Rt 4 Box 77	
CITY-ST-ZIP	QUITMAN GA 31643		CITY-ST-ZIP	Quitman, GA 31643	
TITLE	S WEHNER, AL	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEHNER, AL		NAME	Cunningham, Larry	
STREET ADDRESS	RT 2 BOX 245		STREET ADDRESS	Country Club Rd P.O. Box 68	
CITY-ST-ZIP	QUITMAN GA 31643		CITY-ST-ZIP	Quitman, GA 31643	
TITLE	T CUNNINGHAM, LARRY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, LARRY		NAME		
STREET ADDRESS	COUNTRY CLUB RD., P.O. BOX 68		STREET ADDRESS		
CITY-ST-ZIP	QUITMAN GA 31643		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry Wortman **REQUIRED** 1/15/02 (229) 263-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)