

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 198590 (2)

1. Corporation Name

HOWARD FERTILIZER COMPANY, INC.



Principal Place of Business

8306 S ORANGE AVE
P O BOX 593800
ORLANDO FL 32859-3800

Mailing Address

8306 S ORANGE AVE
P O BOX 593800
ORLANDO FL 32859-3800

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

g. Name and Address of Current Registered Agent

HOWARD JR, ROBERT M
5554 JESSAMINE LANE
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/27/1956

3a. Date of Last Report

04/26/1995

4. FEI Number

59-0788131

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CS ☐ DELETE

NAME HOWARD JR, ROBERT M
STREET ADDRESS 5554 JESSAMINE LANE
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME PALMER, CHARLES
STREET ADDRESS 1115 JEFFERSON ST.
CITY-ST-ZIP IMMOKALEE FL

TITLE T ☐ DELETE

NAME GRABHORN, DANIEL D.
STREET ADDRESS 437 HARBOUR OAKS PT DR
CITY-ST-ZIP ORLANDO FL

TITLE P ☐ DELETE

NAME BROWN, JAMES H.
STREET ADDRESS 6326 OAK MEADOW BEND
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE:

Daniel Grabhorn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL GRABHORN

Date

(407) 855-1841
Daytime Phone #

CR2E034 (12/95)