

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 31 AM 10:55

with
1/7

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000118

ARCADIAN FERTILIZER, LIMITED PARTNERSHIP



Mailing Address

6750 POPLAR AVENUE, SUITE 600
MEMPHIS TN 38138-7419

Principal Office Address

6750 POPLAR AVENUE, SUITE 600
MEMPHIS TN 38138-7419

3. Date Formed or Registered

04/08/1996

5a. Capital Contributions as
Shown on record.

\$100,000.00

3a. Date of Last Report

INITIAL REPORT

5b. Amount of Capital
Contributions in FLORIDA
to date:

0

4. State or Country of Formation

DE

6. FEI Number

62-1620751

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

3175 LENOX PARK BLVD.

Suite, Apt. #, etc.

SUITE 400

City & State

MEMPHIS, TN

Zip

38115-4256

Country

2a. Principal Office Address

3175 LENOX PARK BLVD.

Suite, Apt. #, etc.

SUITE 400

City & State

MEMPHIS, TN

Zip

38115-4256

Country

9. Name and Address of Current Registered Agent

**VON SPIEGELFELD, ALLEN
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

10. If changed, new Registered Agent's Office

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

ARCADIAN CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~6750 POPLAR AVENUE, S~~
**3175 LENOX PARK BLVD
SUITE 400**

11b. City, State & Zip Code

**MEMPHIS TN 38138
38115-4256**

11c. Registration/
Document Number

F96000001736

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

John H. Greens

DATE

12/19/96

Typed or Printed Name of General Partner Signing Form

JOHN H. GREENS, ARCADIAN CORP., G.P.

Daytime Telephone Number

901-758-5200