

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001668 (2)**

1. Corporation Name  
**WHITE SPRINGS AGRICULTURAL CHEMICALS, INC.**



Principal Place of Business  
**HIGHWAY 137  
WHITE SPRINGS FL 32096  
US**

Mailing Address  
**P.O. BOX 300  
ATTN: STATE TAX  
TULSA OK 74102  
US**

3. Date Incorporated or Qualified <b>04/01/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>95-4471376</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 <b>3101 Glenwood Avenue</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State <b>Raleigh, NC</b>
24 Zip	29 Zip <b>27612</b>
25 Country	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 (applicable) (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HIRL, J. ROGER</b>	1.2 NAME	<b>P/D Childers, Charles E.</b>
STREET ADDRESS	<b>10889 WILSHIRE BLVD.</b>	1.3 STREET ADDRESS	<b>122 1st Avenue, South</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90024</b>	1.4 CITY-ST-ZIP	<b>Saskatoon, SK S7K 7G3 Canada</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAJAJI, RAGHAVAN</b>	2.2 NAME	<b>Hampton, John L.M.</b>
STREET ADDRESS	<b>10889 WILSHIRE BLVD.</b>	2.3 STREET ADDRESS	<b>122 1st Avenue, South</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90024</b>	2.4 CITY-ST-ZIP	<b>Saskatoon, SK S7K 7G3 Canada</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORGAN, JOHN W</b>	3.2 NAME	<b>Humphreys, Barry E.</b>
STREET ADDRESS	<b>10889 WILSHIRE BLVD.</b>	3.3 STREET ADDRESS	<b>122 1st Avenue, South</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90024</b>	3.4 CITY-ST-ZIP	<b>Saskatoon, SK S7K 7G3 Canada</b>
TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRUBERTH, FRED J</b>	4.2 NAME	<b>Sawyer, Thomas</b>
STREET ADDRESS	<b>10889 WILSHIRE BLVD.</b>	4.3 STREET ADDRESS	<b>Highway 157</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90024</b>	4.4 CITY-ST-ZIP	<b>White Springs, FL 32096</b>
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARISE, STEPHEN P</b>	5.2 NAME	<b>Younger, T. Carlton</b>
STREET ADDRESS	<b>10889 WILSHIRE BLVD.</b>	5.3 STREET ADDRESS	<b>3101 Glenwood Avenue</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90024</b>	5.4 CITY-ST-ZIP	<b>Raleigh, NC 27612</b>
TITLE	<b>AT</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAVERT, J R</b>	6.2 NAME	
STREET ADDRESS	<b>10889 WILSHIRE BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA 90024</b>	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 if changed, or on an attachment with an address.

SIGNATURE: *T. Carlton Younger* April 24, 1996 919-881-2914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (12/95)