

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20660 (7)**

1. Corporation Name  
**SEMINOLE FERTILIZER CORPORATION**



Principal Place of Business <b>72 CUMMINGS POINT ROAD STAMFORD CT 06902</b>	Mailing Address <b>2500 CLAYTON ROAD - SUITE 1100 - GONGORD-CA 94520-2100 -</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>Tosco Refining Company</b>
22 City & State	27 <b>Avon Refinery/Legal Dept.</b>
23	28 <b>Martinez, CA</b>
24 Zip	29 <b>94553-1487</b>
25 Country	30 <b>USA</b>

3. Date Incorporated or Qualified <b>08/29/1988</b>	
4. FEI Number <b>13-3482705</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>GROSS, ARTHUR L</b>	
STREET ADDRESS	<b>4500 S. 40TH STREET</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>MCCLAVE, WILKES III</b>	
STREET ADDRESS	<b>72 CUMMINGS POINT ROAD</b>	
CITY-ST-ZIP	<b>STAMFORD CT 06902</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, JEFFERSON F.</b>	
STREET ADDRESS	<b>72 CUMMINGS PT. RD.</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, RAYFORD S.</b>	
STREET ADDRESS	<b>4500 S. 40TH STREET</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	<b>HANTKE, WILLIAM E.</b>	
STREET ADDRESS	<b>72 CUMMINGS POINT ROAD</b>	
CITY-ST-ZIP	<b>STAMFORD CT 06902</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>KAPLAN, DONALD</b>	
STREET ADDRESS	<b>3003 N. CENTRAL AVE.</b>	
CITY-ST-ZIP	<b>PHOENIX AZ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted 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

SIGNATURE \_\_\_\_\_ Arthur L. Gross 4113 109 (025) 270 2625

CR2E034 (10/97)