

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90087 048 ***150.00
 05-24-1999 90013 034 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P20660**

1. Corporation Name
SEMINOLE FERTILIZER CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**72 CUMMINGS POINT ROAD
 STAMFORD CT 06902**

Mailing Address
**TOSCO REFINING COMPANY
 AVON REFINERY / LEGAL DEPT
 MARTINEZ CA 94553-1487
 US**

3. Date Incorporated or Qualified
08/29/1988

4. FEI Number
13-3482705

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

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 **FL** 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 if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1500 N. Priest Drive |
| 1.4 CITY-ST-ZIP | Tempe, AZ 85281 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 1500 N. Priest Drive |
| 4.4 CITY-ST-ZIP | Tempe, AZ 85281 |
| 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 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 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, with all other like empowered.

SIGNATURE: _____ DATE: **4/30/99** (925) 370-3625
Signature, typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)