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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S17775** **(5)**

1. Corporation Name
HELM FERTILIZER CORPORATION (FLORIDA)

Principal Place of Business	Mailing Address
9950 PRINCESS PALM AVE STE 312 TAMPA FL 33619	9950 PRINCESS PALM AVE STE 312 TAMPA FL 33619-8347

3. Date Incorporated or Qualified: **12/11/1990**
3a. Date of Last Report: **04/02/1996**

4. FEI Number: **23-2393637** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 10002 Princess Palm #312	26 10002 Princess Palm #312
22 Suite, Apt. #, etc. STE 212	27 Suite, Apt. #, etc. STE 212
23 City & State Tampa FL	28 City & State Tampa FL
24 Zip 33619 25 Country U.S.	29 Zip 33619 30 Country U.S.

9. Name and Address of Current Registered Agent

LOWE, JAMES A.
5705 HANSEL AVE.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: LOWE, JAMES A.
82 Street Address (P.O. Box Number is Not Acceptable): 259 WOODLAKE DRIVE
83 MAITLAND
84 City: FL 85 Zip Code: 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHNABEL, DEITER	1.2 NAME	
STREET ADDRESS	9950 PRINCESS PALM #312	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEINZ-WERNER SCHAEFFER	2.2 NAME	
STREET ADDRESS	9950 PRINCESS PALM #312	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DALE A.	3.2 NAME	
STREET ADDRESS	9950 PRINCESS PALM #312	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOHATT, MIKE	4.2 NAME	
STREET ADDRESS	9950 PRINCESS PALM 312	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Mike Mohatt 18 mar 97 621-8846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0965197