FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 135226 (9)

1. Corporation Name
HIGHLANDS FERTILIZER COMPANY

Principal Place of Business	Mailing Address
526 PARK STREET PO BOX 1299 SEBRING FL 33871-8299	526 PARK STREET PO BOX 1299 SEBRING FL 33871-8299

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1937
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33871-1299 Country 25	Zip 29: 33871-1299 Country 30

4. FEI Number: 59-0290375 ☐ 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

9. Name and Address of Current Registered Agent

HARSHMAN, W E
526 PARK ST.
SEBRING FL 33870

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: Walter E. Harshman 1/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	V/D	☐ Change ☒ Addition
NAME	KOCH, LOUISE	1.2 NAME	Vickers, Barbara	
STREET ADDRESS	1908 DELEON PL	1.3 STREET ADDRESS	1228 Stenewahee Ave.	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	Sebring Fl	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, EMMETT	2.2 NAME		
STREET ADDRESS	2237 NE LAKEVIEW DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HIRSCHMANN, VIKTOR	3.2 NAME		
STREET ADDRESS	P.O. BOX 1378	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	LEHMAN, PATRICIA (ASST)	4.2 NAME		
STREET ADDRESS	2729 QUEENSWOOD DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP		
TITLE	STD	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHUMACHER, C.R.	5.2 NAME		
STREET ADDRESS	1901 DE SOTO PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	CROWE, MIKE (ASST)	6.2 NAME	Harshman, Walter E.	
STREET ADDRESS	4210 DUFFER LOOP	6.3 STREET ADDRESS	1416 N W Lakeview Dr	
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP	Sebring Fl	

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)(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: C. R. Schumacher 1/20/95 813-385-6149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486576 FF