FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

CR2E034 (12/95)

DOCUMENT # 135226 (9)

1. Corporation Name
HIGHLANDS FERTILIZER COMPANY

Principal Place of Business
526 PARK STREET
PO BOX 1299
SEBRING FL 33871-1299
US

Mailing Address
526 PARK STREET
PO BOX 1299
SEBRING FL 33871-1299
US

3. Date Incorporated or Qualified: 10/29/1937
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KOCH, LOUISE	
STREET ADDRESS	1908 DELEON PL	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	☐ DELETE
NAME	ANDREWS, EMMETT	
STREET ADDRESS	2237 NE LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	☐ DELETE
NAME	HIRSCHMANN, VIKTOR	
STREET ADDRESS	P.O. BOX 1378	
CITY-ST-ZIP	PALM CITY FL	
TITLE	S	☐ DELETE
NAME	LEHMAN, PATRICIA (ASST)	
STREET ADDRESS	2729 QUEENSWOOD DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	STD	☐ DELETE
NAME	SCHUMACHER, C.R.	
STREET ADDRESS	1901 DE SOTO PLACE	
CITY-ST-ZIP	SEBRING FL	
TITLE	PD	☐ DELETE
NAME	HARSHMAN, WALTER E	
STREET ADDRESS	1416 NW LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	☐ Change ☒ Addition
1.2 NAME	Barbara Vickers	
1.3 STREET ADDRESS	1228 Stenewahee	
1.4 CITY-ST-ZIP	Sebring, Fl 33870	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Richard Harshman	
2.3 STREET ADDRESS	P O Box 2104	
2.4 CITY-ST-ZIP	Wimberly, Tx 78676-2104	
3.1 TITLE	Asst T	☐ Change ☒ Addition
3.2 NAME	Charles Kidd	
3.3 STREET ADDRESS	4209 Leaf Rd.	
3.4 CITY-ST-ZIP	Sebring, fl 33872	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: C. R. Schumacher 2/2/96 941-385-5149

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