

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

FILED

**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/29/1937	3a. Date of Last Report 02/07/1996
4. FEI Number 59-0290375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

TITLE	D <input type="checkbox"/> DELETE
NAME	KOCH, LOUISE
STREET ADDRESS	1908 DELEON PL
CITY - ST - ZIP	SEBRING FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDREWS, EMMETT
STREET ADDRESS	2237 NE LAKEVIEW DRIVE
CITY - ST - ZIP	SEBRING FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HIRSCHMANN, VIKTOR
STREET ADDRESS	P.O. BOX 1378 N/A
CITY - ST - ZIP	PALM CITY FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LEHMAN, PATRICIA (ASST)
STREET ADDRESS	2729 QUEENSWOOD DRIVE
CITY - ST - ZIP	SEBRING FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	SCHUMACHER, C.R.
STREET ADDRESS	1901 DE SOTO PLACE
CITY - ST - ZIP	SEBRING FL
TITLE	PO <input type="checkbox"/> 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	<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 checked="" type="checkbox"/> Addition
3.2 NAME	Harshman, Richard
3.3 STREET ADDRESS	P. O. Box 2104 N/A
3.4 CITY - ST - ZIP	Wimberly, Texas 78676-2104
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 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 changes are on an attachment with an address.

SIGNATURE: _____ **REQUIRED** _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)