


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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/29/1937		
4. FEI Number 59-0290375	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
 Signature, typed or printed name of registered agent and title if applicable (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	HARSHMAN, RICHARD
STREET ADDRESS	PO BOX 2104 N/A
CITY-ST-ZIP	WIMBERLY TX
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	PD <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		12
1.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vickers, Barbara	
1.3 STREET ADDRESS	1228 Stenewahee Ave.	
1.4 CITY-ST-ZIP	Sebring, FL	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vickers, Barbara	
2.3 STREET ADDRESS	1228 Stenewahee Ave.	
2.4 CITY-ST-ZIP	Sebring, FL	
3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kidd, Charles D.	
3.3 STREET ADDRESS	4209 Leaf Road	
3.4 CITY-ST-ZIP	Sebring, FL	
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 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 an appointment with an address.

SIGNATURE _____ **C. R. Schumacher**, 941-385-5149

CR2E034 (10/97)