

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90102 006 \*\*\*150.00

0437633

DOCUMENT # 135226

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1937

4. FEI Number

59-0290375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	KOCH, LOUISE	1908 DELEON PL	SEBRING FL	<input type="checkbox"/>
D	ANDREWS, EMMETT	2237 NE LAKEVIEW DRIVE	SEBRING FL	<input type="checkbox"/>
D	HARSHMAN, RICHARD	PO BOX 2104 N/A	WIMBERLY TX	<input checked="" type="checkbox"/>
S	LEHMAN, PATRICIA (ASST)	2729 QUEENSWOOD DRIVE	SEBRING FL	<input type="checkbox"/>
STD	SCHUMACHER, C.R.	1901 DE SOTO PLACE	SEBRING FL	<input type="checkbox"/>
PD	HARSHMAN, WALTER E	1416 NW LAKEVIEW DR	SEBRING FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Vice-President	Vickers, Barbara	1228 Stenewahee Ave.	Sebring, FL 33870	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Vickers, Barbara	1228 Stenewahee Ave.	Sebring, FL 33870	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Treasurer	Kidd, Charles D.	4209 Leaf Road	Sebring, FL 33872	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.R. Schumacher Jan. 7, 1999 941-385-5149

Date

Daytime Phone #

CR2E034 (11/98)