

DOCUMENT # 135226

1. Entity Name
HIGHLANDS FERTILIZER COMPANY

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90136 006 ***150.00



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0290375

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARSHMAN, W E
526 PARK ST.
SEBRING FL 33870

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VP	<input type="checkbox"/> Delete
NAME	VICKERS, BARBARA	
STREET ADDRESS	1228 STENewaHEE AVENUE	
CITY-ST-ZIP	SEBRING FL 33870	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

863-385-5149

Daytime Phone

CR2E034 (10/00)