

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **142303** (7)

1. Corporation Name

DIAMOND R FERTILIZER CO., INC.



Principal Place of Business

Mailing Address

**4100 GLADES ROAD
12489
FT. PIERCE FL 34981-4711**

**4100 GLADES ROAD
12489
FT. PIERCE FL 34981-4711**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

07/12/1943

3a. Date of Last Report

04/10/1995

4. FEI Number

59-0593514

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

10. Name and Address of New Registered Agent

**MOORMAN, GARY
4100 GLADES ROAD
FT PIERCE FL 34981**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTTO, DOMINIC	
STREET ADDRESS	2722 FAIRWAY DR.	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MINTON, O R	
STREET ADDRESS	1001 S 11TH ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	MOORMAN, GARY	
STREET ADDRESS	4100 GLADES ROAD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, E H	
STREET ADDRESS	GORDY RD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FORGET, LOUIS C	
STREET ADDRESS	GLADES CUT-OFF RD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William P Cofer	
1.3 STREET ADDRESS	10333 Okeechobee Road	
1.4 CITY-ST-ZIP	Fort Pierce FL 34950	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Cofer

3/15/96

Date

407-464-9300

Daytime Phone #

CR2E034 (12/95)