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**Jan 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 142303 (7)
1. Corporation Name:
DIAMOND R FERTILIZER CO., INC.



Principal Place of Business: **4100 GLADES ROAD 12489 FT. PIERCE FL 34981-4711**
Mailing Address: **4100 GLADES ROAD 12489 FT. PIERCE FL 34981-4711**

3. Date Incorporated or Qualified: **07/12/1943**
3a. Date of Last Report: **04/25/1996**

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

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAM P. COFER	
STREET ADDRESS	10333 OKEECHOBEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, E H	
STREET ADDRESS	GORDY RD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	S	<input checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ben E. Burdeshaw	
1.3 STREET ADDRESS	1910 S.W. 3rd Ave.	
1.4 CITY-ST-ZIP	Okeechobee, Fl. 34974	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Minton	
2.3 STREET ADDRESS	2000 N. Kings Hwy	
2.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34951	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tom Hanson	
3.3 STREET ADDRESS	321 N. Hennis Rd Winter Garden, Fl. 34777	
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 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 on an attachment with an address.

SIGNATURE: *Gary Minton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97
Date Daytime Phone #

CR2E034 (9/96)