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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 (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt #, City & State, Zip, and Country.
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 (81-85) fields for Name, Street Address, City, and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	WILLIAM P. COFER	1.2 NAME	Ben E. Burdeshaw
STREET ADDRESS	10333 OKEECHOBEE ROAD	1.3 STREET ADDRESS	1910 S.W. 3rd Ave.
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	Okeechobee, Fl. 34974
TITLE	D	2.1 TITLE	Treasurer
NAME	MINTON, O R	2.2 NAME	John Minton
STREET ADDRESS	1001 S 11TH ST	2.3 STREET ADDRESS	2000 N. Kings Hwy
CITY - ST - ZIP	FT PIERCE, FL 00000	2.4 CITY - ST - ZIP	Ft. Pierce, Fl. 34951
TITLE	AST	3.1 TITLE	Vice President
NAME	MOORMAN, GARY	3.2 NAME	Tom Hanson
STREET ADDRESS	4100 GLADES ROAD	3.3 STREET ADDRESS	321 N. Hennis Rd Winter Garden, Fl. 34777
CITY - ST - ZIP	FT PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	
NAME	SULLIVAN, E H	4.2 NAME	
STREET ADDRESS	GORDY RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	
NAME	FORGET, LOUIS C	5.2 NAME	
STREET ADDRESS	GLADES CUT-OFF RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 Moran* 1/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)