


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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90002 010 ***150.00

068557

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 142303
 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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 07/12/1943	Applied For Not Applicable
4. FEI Number 59-0593514	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	T	<input type="checkbox"/> DELETE
NAME	MINTON, JOHN	
STREET ADDRESS	2000 N KINGS HWY	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	MOORMAN, GARY	
STREET ADDRESS	4100 GLADES ROAD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANSON, TOM	
STREET ADDRESS	321 N HENNIS RD	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURDESHAW, BEN E	
STREET ADDRESS	1910 SW 34D AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim G. Russakis	
2.3 STREET ADDRESS	8801 Indrio Rd	
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34951	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2113 Jacobs Rd	
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34981	
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 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, with all other like empowered.

SIGNATURE: GARY MOORMAN SIGNATURE REQUIRED
 Gary Moorman
 3-31-99 Date
 561-464-9300 Daytime Phone #

CR2E034-11/1981