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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 145719 (1)

1. Corporation Name
RIDGE FERTILIZER COMPANY

Principal Place of Business	Mailing Address
1049 ALT 27 NORTH P.O. BOX 351 LAKE WALES FL 33853	1049 ALT 27 NORTH P.O. BOX 351 LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1946
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: P.O. Box 1578
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: BARTOW
City & State — 23
City & State — 28: FLORIDA
Zip — 24 / County — 25
Zip: 33831 — 29 / County — 30

4. FEI Number: 59-0548484 ☐ 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/will be liable for estimated tax under § 220.222, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BULLARD,H F
130 JOHNSON AVENUE EAST
LAKE WALES FL 33853

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	R	11 TITLE	☒ Change ☐ Addition
NAME	MOHLER, ROBERT L	12 NAME	
STREET ADDRESS	RT 6 BOX 357A	13 STREET ADDRESS	
CITY ST ZIP	PLANT CITY, FL 00000	14 CITY ST ZIP	
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	COLLINS, RONALD T	22 NAME	
STREET ADDRESS	620-E PALM AVENUE	23 STREET ADDRESS	
CITY ST ZIP	LAKE WALES, FL 00000	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	BULLARD, H. F.	32 NAME	
STREET ADDRESS	P.O. BOX 163, 130 JOHNSON AVENUE, EAST	33 STREET ADDRESS	
CITY ST ZIP	LAKE WALES FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	PRESIDENT / DIRECTR ☒ Change ☐ Addition
NAME	THULLBERY, FRANK M	42 NAME	
STREET ADDRESS	3900 ALT 27 S	43 STREET ADDRESS	
CITY ST ZIP	LAKE WALES FL	44 CITY ST ZIP	
TITLE		51 TITLE	TREAS & SECTY/DIRECTR ☒ Change ☐ Addition
NAME		52 NAME	BRIAN D. HINTON
STREET ADDRESS		53 STREET ADDRESS	P.O. BOX 2429
CITY ST ZIP		54 CITY ST ZIP	BARTOW FLA 33831
TITLE		61 TITLE	C.A. BOSWELL VP/DIR ☒ Change ☐ Addition
NAME		62 NAME	P.O. BOX 1578
STREET ADDRESS		63 STREET ADDRESS	BARTOW FLA 33831
CITY ST ZIP		64 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)(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: [signature] BRIAN D. HINTON TREAS 5/1/95 813-533-4196
SIGNATURE AND TITLE OR STATUS — NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448650 FP