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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

HEARTLAND FERTILIZER COMPANY

FILED Feb 27 1998 8:00am Secretary of State

991.722.3265

Principal Place	of Business	Mailing Address			T 188110 11050 01111 00111 81818 01101 1811 01011 84011 81011 81011 84051 1065		
917 11TH AVENUE WEST P.O. BOX 877 PALMETTO FL 34220-0877		917 11TH AVENUE WEST P.O. BOX 877 PALMETTO FL 34220-0877			DO NOT WRITE IN THIS SPACE		
US		US			3. Date incorporated or Qualified 06/29/1962		
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number Applied For		
21		26			59-1021998 Not Applicat	ble	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	_	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be		
Zip	Country	Zip	Country	,	Trust Fund Contribution Added to Fees		
24	25	ê	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
[29]	9, Name and Address of Curre		301		10. Name and Address of New Registered Agent		
GU	THRIE, GARY S		81	Name) 6		
917	11TH AVE W METTO FL 34221		82	Street	et Address (P.O. Box Number is Not Acceptable)		
'~	MLITO IL 04221		83				
•	1		84	City	FL 85 Zip Code		
. 11. Pursuant t	to the provisions of Sections 07.050	2 and 607.1508, Florida Statute	s, the above	e-named	ed corporation submits this statement for the purpose of changing its register	ed	
office or re	egister of agent, or both, or hie State	of Florida, Such change was as	uthorized by	y the co	ed corporation submits this statement for the purpose of changing its registers or	đ	
SIGNATURE.	Must Il will	James De or, Secretary Sur Resident No.	a olalato		2/11/98		
SIGNATURE (Ministere, typog outsing of registered as	ent and title it applicable (NOTE	Registered Age	ent signatur	ture required when reinstaling) DATE	_	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD '	∟ DELETE	1.1 TITLE		Change Addit	ion	
NAME	GUTHRIE, GARY S.		1.2 NAME				
STREET ADDRESS	3618 71ST ST EAST		1.3 STREET		s		
CITY-ST-ZIP	PALMETTO, FL 00000	DELETE	1.4 CITY - S	ST-ZIP	☐ Change ☐ Addit	tion	
TITLE	TSD	C) MILLIE	2.1 TITLE		E CHANGE II ADDIE	,ron	
NAME OTREST ADDRESS	LUCAS, APRIL M. 2215 42ND ST WEST		2.2 NAME	T ADDDCCC			
STREET ADDRESS	BRADENTON FL		2.3 STREET	T ADDRESS	8		
CITY-ST-ZIP TITLE	VD	DECETE	3.1 TITLE	31 · ZIP	☐ Change ☐ Addit	tion	
NAME	LUCAS, EARLE R JR		3.2 NAME				
STREET ADDRESS	917 11TH AVE W POB 877		3.3 STREET	T ADDRESS	ss		
CITY-ST-ZIP	PALMETTO, FL 00000		3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addit	tion	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS	s .		
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addit	ion	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET		s		
CITY+ST-ZIP		T DELETE	5.4 CITY - 5	ST-ZIP	Change Addit	tion	
TITLE		☐ DELETE	6.1 THTLE		E claige C Addit	, OII	
NAME OTREET ADDRESS			6.2 NAME	t Wilderes	20		
STREET ADDRESS			SACITY S	T ADDRESS			
14. I hereby c	pertify that the information supplied v	with this fling does not qualify for	6.4 CITY-S or the exemp	otion stal	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	on	
indicated officer or of Block 12 of	on this annual report of supplement director of the corporation or the rec or Block 13 if changery or on an att	al annual report is true and accu Averlor trusted empowered to e whiring with an address.	urate and the execute this	nat my si report a	lated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in	•	