

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 329076 (4)

1. Corporation Name:
FLORIDA PLANT FOOD CORPORATION

Principal Place of Business

WILL DUKE ROAD
P.O. BOX 1087
WAUCHULA FL 33873

Mailing Address

WILL DUKE ROAD
P.O. BOX 1087
WAUCHULA FL 33873-1087



3. Date Incorporated or Qualified 04/19/1968	3a. Date of Last Report 01/25/1996
4. FEI Number 59-1213896	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DAVIS, EDGAR L. DAVIS
ST. ROAD 664-B
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name
Davis, Edgar L.
82 Street Address (P.O. Box Number is Not Acceptable)
194 Will Duke Road
83
84 City
Wauchula, FL 33873 FL
85 Zip Code
33873

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	BEST, GAIL D	
STREET ADDRESS	DOUGLAS ROAD	
CITY - ST - ZIP	WAUCHULA, FL 00000	
TITLE	V	DELETE
NAME	DAVIS, KEITH WM	
STREET ADDRESS	213 ILLINOIS AVENUE	
CITY - ST - ZIP	WAUCHULA, FL 00000	
TITLE	P	DELETE
NAME	DAVIS, EDGAR L	
STREET ADDRESS	ST RD 664B	
CITY - ST - ZIP	WAUCHULA, FL 00000	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	Change	Addition
1.2 NAME	Best, Gail D		
1.3 STREET ADDRESS	S. Bailey Road		
1.4 CITY - ST - ZIP	Wauchula, FL 33873		
2.1 TITLE	V	Change	Addition
2.2 NAME	Davis, Keith Wm.		
2.3 STREET ADDRESS	P. O. Box 1413		
2.4 CITY - ST - ZIP	Wauchula, FL. 33873 "N/A"		
3.1 TITLE	P	Change	Addition
3.2 NAME	Davis, Edgar, L.		
3.3 STREET ADDRESS	P.O. Box 1087		
3.4 CITY - ST - ZIP	Wauchula, FL 33873 "N/A"		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME	200002073362		
6.3 STREET ADDRESS	-01/30/97--01028--002		
6.4 CITY - ST - ZIP	***165.00		

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:

[Signature]

REQUIRED

President

1/21/97

(941) 773-4159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)