FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 385655 (6)

1. Corporation Name
FARM CHEMICALS & FERTILIZERS, INC.

Principal Place of Business	Mailing Address
PUTNAM COUNTY BLVD EAST PALATKA FL 32131 US	P.O. BOX 996 PALATKA FL 32178-0996 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1971
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-1365903 ☐ 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

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

9. Name and Address of Current Registered Agent

ATKINS, BOYD .
704 S. 15TH ST
PALATKA FL 32077

10. Name and Address of New Registered Agent

81 Name: Gregory Monroe Griffin
82 Street Address (P.O. Box Number is Not Acceptable): 11 Putnam County Blvd.
83
84 City: East Palatka FL 85 Zip Code: 32131

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: Gregory Monroe Griffin 02-07-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE	ST / D	☒ Change ☐ Addition
NAME	ATKINS, BARBARA J.	1.2 NAME	TILDA J. GRIFFIN	
STREET ADDRESS	704 S. 15TH ST.	1.3 STREET ADDRESS	11 Putnam County Blvd.	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	East Palatka, FL 32131	
TITLE	P	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ATKINS, BOYD	2.2 NAME	GREGORY MONROE GRIFFIN	
STREET ADDRESS	704 S. 15TH ST.	2.3 STREET ADDRESS	11 PUTNAM COUNTY Blvd.	
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP	East Palatka, FL 32131	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 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: Gregory Monroe Griffin 02-07-95 (904) 328-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0404833 FP