

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 436659 (7)**  
1. Corporation Name  
**PHOSPHATE ENGINEERING AND CONSTRUCTION CO., INC.**



Principal Place of Business  
**2940 DRANE FIELD ROAD  
P O BOX 5167  
LAKELAND FL 33811-1329**

Mailing Address  
**2940 DRANE FIELD ROAD  
P O BOX 5167  
LAKELAND FL 33811-1329**

3. Date Incorporated or Qualified **09/21/1973**      3a. Date of Last Report **06/15/1995**

4. FEI Number **59-1500300**      Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fees 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. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip

24. Country      25. Country      29. Country      30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ERICKSON, W R  
239 LAKE HOLLINGSWORTH DR  
LAKELAND FL 33803**

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

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                      | <b>PD</b>                     | <input type="checkbox"/> DELETE            |
| NAME                       | <b>ERICKSON, W R</b>          |                                            |
| STREET ADDRESS             | <b>239 LAKE HOLLINGSWORTH</b> |                                            |
| CITY - ST - ZIP            | <b>LAKELAND FL</b>            |                                            |
| TITLE                      | <b>SD</b>                     | <input type="checkbox"/> DELETE            |
| NAME                       | <b>ERICKSON, CHARETTE</b>     |                                            |
| STREET ADDRESS             | <b>239 LAKE HOLLINGSWORTH</b> |                                            |
| CITY - ST - ZIP            | <b>LAKELAND FL</b>            |                                            |
| TITLE                      | <b>V</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>LOWCOCK, CHRISTINA</b>     |                                            |
| STREET ADDRESS             | <b>1208 EVERGREEN DR</b>      |                                            |
| CITY - ST - ZIP            | <b>LAKELAND FL</b>            |                                            |
| TITLE                      |                               | <input type="checkbox"/> DELETE            |
| NAME                       |                               |                                            |
| STREET ADDRESS             |                               |                                            |
| CITY - ST - ZIP            |                               |                                            |
| TITLE                      |                               | <input type="checkbox"/> DELETE            |
| NAME                       |                               |                                            |
| STREET ADDRESS             |                               |                                            |
| CITY - ST - ZIP            |                               |                                            |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |                                                                              |
|-------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE                                             | <b>V</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME                                              | <b>ERICKSON, BRUCE E.</b>   |                                                                              |
| 1.3 STREET ADDRESS                                    | <b>1755 MAHAFFEY CIRCLE</b> |                                                                              |
| 1.4 CITY - ST - ZIP                                   | <b>LAKELAND, FL</b>         |                                                                              |
| 2.1 TITLE                                             |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME                                              |                             |                                                                              |
| 2.3 STREET ADDRESS                                    |                             |                                                                              |
| 2.4 CITY - ST - ZIP                                   |                             |                                                                              |
| 3.1 TITLE                                             |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME                                              |                             |                                                                              |
| 3.3 STREET ADDRESS                                    |                             |                                                                              |
| 3.4 CITY - ST - ZIP                                   |                             |                                                                              |
| 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 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)(k), 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: *William R Erickson* **William R Erickson**      4-26-96      (941)644-3543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)