

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/21/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1500300	
24 Country		30 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ERICKSON, W R		81 Name	
239 LAKE HOLLINGSWORTH DR		82 Street Address (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33803		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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ERICKSON, W R	1.2 NAME	
STREET ADDRESS	239 LAKE HOLLINGSWORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	ERICKSON, CHARETTE	2.2 NAME	
STREET ADDRESS	239 LAKE HOLLINGSWORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	ERICKSON, BRUCE E.	3.2 NAME	
STREET ADDRESS	1755 MAHAFFEY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 unchanged, or on an attachment with an address.

CP2E034 (10/97)

4/16/98 (and) 10/1-242