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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

**FILED** 

May 07 1998 8:00am

Secretary of State

MULBE	RRY PHOSPHATES, INC.				
Principal Place	e of Business	Mailing Address		( 1900) 1907 1907 1907 1907 1908 110 BIBLI SIBIL	, DIORE DEBIT OF DIT OFFICE FOR E
HWY 60 EAST MULBERRY FL 33860 US		P.O. BOX 797 MULBERRY FL 33860		DO NOT WRITE IN THIS	SPACE
••				3. Date incorporated or Qualified 06/06/1921	
Principal Pl	lace of Business	2a, Mailing Address		4, FEI Number	Applied For
21	NOW OF ESSENCES	26		54-0365650	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	т	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible  Yes  No
24	25 Name and Address of Curre	29 29 Agent	[30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	<u> </u>
		uit uedisteten väeur	81 Name	10, frame and reduces of from treg-circus	- Ago
C 1 CORPORATION SYSTEM					
1200 \$ PINE ISLAND RD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
ru	ANTATION FL 33324		83		
					TREET AND ADDA
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	oo2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the nurnose of	of changing its registered
Office or r	registered agent, or both, in the Stat im familiar with, and accept the obliq	le of Florida. Such chanda was r	authorized by the cornorat	tion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	m tanna may are coopera	gamono or, contract :	2//44		
SIGNATURE	Signature, typed or printed name of registered as		[ Registered Agent signature require		
12.	<del> </del>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	0	☐ DELETE	1.1 TITLE		Change Addition
NAME	STEINER, JEFFREY		1.2 NAME		,
STREET ADDRESS	HWY 60 EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	PD	☐ ncreit	2.1 TITLE		Monarda Maricon
NAME	RINALDI, P.L.		2.2 NAME		
STREET ADDRESS	HWY 60 EAST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL.	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE	BERARDUCCI, L.D.	Fed Deteris	3.2 NAME		
NAME STREET ADDRESS	HWY 60 EAST		3.3 STREET ADDRESS		
	MULBERRY FL		3.4. CITY-ST-ZIP		+
CITY-ST-ZIP TITLE	VD VD	DELETE	4.1 TITLE		Change Addition
NAME	STEWART, R.C.	_	4 2 NAME		
STREET ADDRESS	HWY 60 EAST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		Change Addition
NAME	AZUELOS, JUDAS		5.2 NAME		
STREET ADDRESS	HWY 60 EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		5.4 CITY-S1-ZIP		
TITLE	VSD	DELETE	6.1 TITLE		Change Addition
NAME	NEWMAN, SCOTT		6.2 NAME		
STREET ADDRESS	HWY 60 EAST		6.3 STREET ADDRESS		
CITY ST. 7IP	MITTREPRY FI		6.4 CITY - ST - 7IP		

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 deceiver 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.