Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90159 026 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCLIN	MENT # 801483										
1. Corporation	Name # 001403										
MULBER	RY PHOSPHATES, INC.				]						
		•				11101		en men eregu here	B IIII BIBI BIB		
		•									
Principal Place	of Business	Mailing Address	~			1 (8818	; 18111 <b>5</b> 51	Mr. 11811 areas care	# :::: #:#:: #:#	() <b>6(6)</b> ( 8(8() 8)	
HWY 60 EAST		P.O. BOX 797									
MULBERRY FL 3	33860	MULBERRY FL 33860					. D	O NOT WRITE	E IN THIS S	PACE	
US					3.	Date Incor		or Qualifed			
					- 1	06/06/19					1
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Numbe	er			App	lied For
21		26 .				54-0365	<u>650</u>	· ·			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate	of Statu	s Desired		<b>\$8.75</b> A Fee Red	
22		27 City 8 State			-		· ·				
City & State	<b>∋</b> . ` `	City & State				Trust Fund		n Financing bution		\$5.00 to Added to	
<b>Zip</b>	Country	28	Country					wes the curre	nt vear Inta		
24	25	<del> </del>	o			Personal F					□No
	9. Name and Address of Current	Registered Agent			10.	Name and	Addre	ss of New Re	gistered A	gent	
0.7	CORPORATION CVCTEM		81	Name				4			
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD				Street A	Address (P	O. Box Nu	mber is	Not Acceptab	le)		
PLANTATION FL 33324				<u> </u>		-		• •			
الم	41A11014 ( E 35024		83								
			. 84	City					FL	85 Zip C	ode
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	i e-named e	corporation	submits th	is state	ment for the p	umose of c	hanging its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut	norized by	the corbo	ration's bo	ard of direc	tors. I	hereby accept	the appoint	lment as reg	jistered
	in familial with, and accept the congain	3/13 OI, OCCION 007.0000, 1 ISIN		•							1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	tegistered Ager	nt signature re					DATE		
12.	OFFICERS AND		13.	Г		DDITIONS	/CHAN	GES TO OFF	CERS AND	M Change	RS IN 12
TITLE	D DESERVE	□ DELETE	1.1 TITLE							LACHANGE	
NAME	STEINER, JEFFREY		1.2 NAME		4000	) Hwy	60	Foct			
STREET ADDRESS	HWY 60 EAST			T ADDRESS	4000	nwy	OU	Last			
CITY-ST-ZIP	MULBERRY FL		1.4 CITY-ST-ZIP 2.1 TITLE				_			Change	Addition
NAME	RINALDI. P.L.		2.2 NAME								Ì
STREET ADDRESS	HWY 60 EAST		2.3 STREE	TADORESS	-4000	) Hwv	60	East	<del>_</del> . ~	~=	~.
CITY-ST-ZIP	MULBERRY FL		2.4 CITY-S	T-ZIP						<u> </u>	
TITLE	V	☐ DELETE	3.1 TITLE					•		X Change	Addition
NAME	BÉRARDUCCI, L.D.		3.2 NAME					_			
STREET ADDRESS	HWY 60 EAST		1	T ADDRESS	4000	) Hwy	60	East	•		
CITY-ST-ZIP	MULBERRY FL	☐ DELETE	3.4. CITY-S	ST-ZIP		_				X Change	Addition
TITLE .	VD CTENADT D.C		4.1 TITLE	ĺ						A) Onlango	,,
NAME	STEWART, R.C. HWY 60 EAST		4. 2 NAME	T ADDRESS	ፈበበባ	) Hwy	60	Fact			
STREET ADDRESS	MULBERRY FL		4.3 STREE 4.4 CITY-S		4000	, 11 <b>w</b> y	50	Das C			
CITY-ST-ZIP TITLE	CD CD	☐ DELETE	5.1 TITLE							<b>X</b> Change	Addition
NAME	AZUELOS, JUDAS	_	5.2 NAME								
STREET ADDRESS:	HWY 60 EAST		5.3 STREE	T ADDRESS	4000	) Hwy	60	East			
CITY-ST-ZIP	MULBERRY FL		5.4 CITY+S	T-ZIP							
TITLE	VSD	☐ DELETE	6.1 TITLE							X) Change	☐ Addition
NAME	NEWMAN, SCOTT		6.2 NAME								)

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 if changed or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

**HWY 60 EAST** 

**MULBERRY FL** 

STREET ADDRESS

CITY-ST-ZIP

4000 Hwy 60 East

Daytime Phone #

801483 389851-90159-X

## Florida Department of State Profit Corporation Annual Report-1999

Document #801483 Mulberry Phosphates, Inc. FEI Number 54-0365650

## **Item 12-Additional Officers and Directors**

Title

V/S

Name

LaPier, Theodore

Street Address

4000 Hwy 60 E

City-St-Zip

Mulberry, FL 33860

Title .\_\_\_

<u>T/S</u>...\_\_\_\_

Name

Kenwright, Nola

Street Address

4000 Hwy 60 E

City-St-Zip

Mulberry, FL 33860