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 #

825517

(6)

GRACO FERTILIZER COMPANY

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				I IADEAN IRAAR IRABA DAIDE DITEL IIDII	1881 BJ611 81811 61811 81811 81811 81811 1881	
GRAÇO FERTILIZER COMPANY ALTON HALL RD CAIRO GA 31728 US		GRACO FERTILIZER COMPANY P O BOX 89 CAIRO GA 31728 US		3. Date Incorporated or Qualifie	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Pi	ace of Busmoss	2a. Mailing Address		12/21/1970 4. FEI Number	Applied For	
21		26		58-0630996	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	, — ++,	
23	Country	28	Country	Trust Fund Contribution	Added to Fees	
Zip 24	Country	Zip 29	30	8. This corporation owes or has Personal Property Tex due Ju		
24]	25 25 Name and Address of Curr		30	10. Name and Address of New		
200	UGLAS, DEXTER	· · · · · · · · · · · · · · · · · · ·	81 Name			
BOX 1674			82 Street	RO Street Address (D.O. Boy Number is Not Accordable)		
211 E. CALL ST.			52 50000	82 Street Address (P.O. Box Number is Not Acceptable)		
	LAHASSEE FL 32302		83			
			84 City		85 Zip Code	
					FL ``	
Office or re	lo the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ste of Houda. Such change was	authorized by the corr	corporation submits this statement for the poration's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered	
SIGNATURE	Signature, typod or ported name of registered	agret and tax if applicable (NC	TE Registered Agent signature	toguired when reinstating)	DATE	
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12	
TITLE	ST ST	DELETE	1.1 TITLE	37	Change Addition	
NAME	ELKINS, BILLY		1.2 NAME	MOYE, STEVEN K 904 PUAIL RUN CAIRO GA 3173		
STREET ADDRESS	1133-6TH ST. N.W.		1.3 STREET ADDRESS	904 PUNIC KUN		
CITY-ST-ZIP	CAIRO GA		1.4 CITY - ST - ZIP	CAIRO GA 3173	38	
TITLE	P	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME	LEGETTE, TOM K JR		2 2 NAME			
STREET ADDRESS	220 8TH AVE NW		2 3 STREET ADDRESS		***	
CITY-ST-ZIP	CAIRO, GA 00000 VP	DELETE	2 4 City-ST-ZIP 31 TITLE		Change Addition	
NAME	LEGETTE, ROBERT T.	C percit	3.2 NAME			
STREET ADDRESS	34 24TH STREET NE		3.3 STREET ADDRESS			
CITY-ST-ZIP	CAIRO GA		3.4. CITY - ST - ZIP		_	
TETLE	VP	DELETE	4.1 TIFLE		Change Addition	
NAME	MOYE STEVEN K		4. 2 NAME			
STREET ADDRESS	105 ORIAC AVE SW		4.3 STREET ADDRESS	904 QUAIL RUN		
CITY-ST-ZIP	CAIRO GA		4 4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		- I DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. Thereby 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 publications with an address.

STEVEN K MOV

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61- 277- 110