

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

FILED
Feb 03 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 # F33433 (6)
1. Corporation Name
AGRA CHEM SALES CO., INC.



Principal Place of Business Mailing Address
P.O. BOX 1356 P.O. BOX 1356
AVON PARK FL 33825 AVON PARK FL 33825

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.		05/05/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1734878	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MURPHY, KEVIN A.
2376 W. BARBEN ROAD
AVON PARK FL 33825

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MURPHY, SEAN P.	1.2 NAME	MURPHY, SEAN P.
STREET ADDRESS	2240 N ALTAIR ROAD	1.3 STREET ADDRESS	609 CHRISTY RD
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	AVON PARK, FLA. 33825
TITLE	PT	2.1 TITLE	PT
NAME	MURPHY, JOSEPH S., III	2.2 NAME	MURPHY, JOSEPH S., III
STREET ADDRESS	1008 LAGRANDE BLVD	2.3 STREET ADDRESS	104 EXECUTIVE 10TH AVE
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	SEBRING FLA 33872
TITLE	SD	3.1 TITLE	
NAME	MURPHY, KEVIN A	3.2 NAME	
STREET ADDRESS	2376 W. BARBEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK 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 if changed, or on an attachment with an address.

CR2E034 (10/97)