

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90041 015 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000002216

1. Entity Name
MISSISSIPPI CHEMICAL MANAGEMENT COMPANY



Principal Place of Business
**HIGHWAY 49 EAST
YAZOO CITY, MS 39194**

Mailing Address
**HIGHWAY 49 EAST
YAZOO CITY, MS 39194**

90131054



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0877703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!! FEB IS \$150.00
After May 1, 2003 Fee will be \$500.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PD
DUNN, CHARLES O
PO BOX 1534
YAZOO CITY, MS 391941534**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**President
Larry W. Holley
P O Box 1534
Yazoo City, MS 39194-1534**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VP/D
MCCRAW, C E
PO BOX 1534
YAZOO CITY, MS 391941534**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**Vice Pres of Human Res.
Joe A. Ewing
P O Box 1534
Yazoo City, MS 39194-1534**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VPAS
SMITH, WILLIAM L
PO BOX 1534
YAZOO CITY, MS 391941534**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**Secretary
Ethel Truly
P O Box 1534
Yazoo City, MS 39194-1534**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**S
GLASCOE, ROSALYN B
PO BOX 1534
YAZOO CITY, MS 391941534**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**Secretary
Ethel Truly
P O Box 1534
Yazoo City, MS 39194-1534**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**T
DAWSON, TIMOTHY A
PO BOX 1534
YAZOO CITY, MS 391941534**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**Vice Pres of Sales
Gary Elliott
P O Box 1534
Yazoo City, MS 39194-1534**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**SVP
JONES, ROBERT E
PO BOX 1534
YAZOO CITY, MS 391941534**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**Vice Pres of Sales
Gary Elliott
P O Box 1534
Yazoo City, MS 39194-1534**

☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Timothy A. Dawson

Timothy A. Dawson

3/26/03

(662) 746-4131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (10/02)