


FILED  
Feb 05 1997 8:00am  
Secretary of State

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G28812 (7)</b> 1. Corporation Name <b>TRADEMARK NITROGEN CORP.</b>			
Principal Place of Business <b>1216 OLD HOPEWELL ROAD          P.O. BOX 1750          BRANDON FL 33509</b>		Mailing Address <b>1216 OLD HOPEWELL ROAD          P.O. BOX 1750          BRANDON FL 33509-1750</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	
3. Date Incorporated or Qualified <b>03/22/1983</b>		3a. Date of Last Report <b>04/23/1996</b>	
4. FEI Number <b>59-2268016</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>BLEVINS, WILLIAM H.          1216 OLD HOPEWELL ROAD          TAMPA FL 33619</b>		10. Name and Address of New Registered Agent B1 Name <b>Samuel C. Hopwood</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>1216 Old Hopewell Rd.</b> B3 B4 City <b>Tampa</b> FL B5 Zip Code <b>33619</b>	
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 provisions of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>Samuel C. Hopwood</i> <small>Signature of Registered Agent</small>		<b>Samuel C. Hopwood, President</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <b>January 14, 1997</b>		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> NAME <b>HOPWOOD, LOREN</b> STREET ADDRESS <b>1216 OLD HOPEWELL RD</b> CITY-ST-ZIP <b>TAMPA FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>STD</b> 1.2 NAME <b>Don A. Nelson</b> 1.3 STREET ADDRESS <b>1216 Old Hopewell Rd.</b> 1.4 CITY-ST-ZIP <b>Tampa, FL 33619</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>BLEVINS, WILLIAM H.</b> STREET ADDRESS <b>1216 OLD HOPEWELL RD.</b> CITY-ST-ZIP <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>PD</b> 2.2 NAME <b>Samuel C. Hopwood</b> 2.3 STREET ADDRESS <b>1216 Old Hopewell Rd.</b> 2.4 CITY-ST-ZIP <b>Tampa, FL 33619</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>NELSON, PEARCE A.</b> STREET ADDRESS <b>1216 OLD HOPEWELL RD.</b> CITY-ST-ZIP <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VD</b> 3.2 NAME <b>William E. Blevins</b> 3.3 STREET ADDRESS <b>1216 Old Hopewell Rd.</b> 3.4 CITY-ST-ZIP <b>Tampa, FL 33619</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>HOPWOOD, SAMUEL C.</b> STREET ADDRESS <b>1216 OLD HOPEWELL RD.</b> CITY-ST-ZIP <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>CHRISLIP, TIMOTHY C</b> STREET ADDRESS <b>1216 OLD HOPEWELL RD</b> CITY-ST-ZIP <b>TAMPA FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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.			
SIGNATURE: <i>Samuel C. Hopwood</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Samuel C. Hopwood</b> <small>Date</small>	
		<b>1/14/97</b> <small>Daytime Phone #</small>	
		<b>813)626-1181</b> <small>CS44800</small>	

CR2E034 (9/96)