

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G28812 (7)
 1. Corporation Name
TRADEMARK NITROGEN CORP.



Principal Place of Business 1216 OLD HOPEWELL ROAD P.O. BOX 1750 BRANDON FL 33509	Mailing Address 1216 OLD HOPEWELL ROAD P.O. BOX 1750 BRANDON FL 33509
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/22/1983	4. FEI Number 59-2268016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HOPWOOD, SAMUEL C.
1216 OLD HOPEWELL RD
TAMPA FL 33619

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

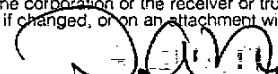
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	HOPWOOD, LOREN	
STREET ADDRESS	1216 OLD HOPEWELL RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	
NAME	NELSON, DON A.	
STREET ADDRESS	1216 OLD HOPEWELL RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	
NAME	BLEVINS, WILLIAM E.	
STREET ADDRESS	1216 OLD HOPEWELL RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	
NAME	HOPWOOD, SAMUEL C.	
STREET ADDRESS	1216 OLD HOPEWELL RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	
NAME	CHRISLIP, TIMOTHY C	
STREET ADDRESS	1216 OLD HOPEWELL RD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	Executive Vice President		<input checked="" type="checkbox"/> Addition
6.2 NAME	Pearce A. Nelson		
6.3 STREET ADDRESS	1216 Old Hopewell Rd.		
6.4 CITY-ST-ZIP	Tampa, FL		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Don A. Nelson** 1/8/98 813)626-1181

CR2E034 (10/97)