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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G52962** **(9)**

1. Corporation Name
AGRI-SPECIALTY COMPANY, INC.

Principal Place of Business	Mailing Address
4706 DOVER CLIFF CT (DOVER, FL 33527) P.O. BOX 1690 BRANDON FL 33509	4706 DOVER CLIFF CT (DOVER, FL 33527) P.O. BOX 1690 BRANDON FL 33509-1690

2. Principal Place of Business
Street, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified: **08/05/1983**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2370584** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

GRANT, JOHN A. JR.
1715 N. WESTSHORE BLVD., STE 850
WESTSHORE CENTER
TAMPA FL 33607-0926

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 Section 607.0502 and 607.1505 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 for registered agent) (Title) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ENOCHS, ROBERT H.	
STREET ADDRESS	4706 DOVER CLIFF CT	
CITY-ST-ZIP	DOVER FL	
TITLE	SD	[ ] DELETE
NAME	ENOCHS, NONA F.	
STREET ADDRESS	4706 DOVER CLIFF CT	
CITY-ST-ZIP	DOVER FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 added to the report or on an attachment with an address.

SIGNATURE: Robert H. Enochs Robert H. Enochs, President April 28, 1997 (813) 689-8805