

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # H17503 (4)**

1. Corporation Name

**GREENVILLE FERTILIZER & CHEMICAL CO., INC.**



Principal Place of Business

Mailing Address

U.S. 90 E.  
P.O. BOX 649  
GREENVILLE FL 32331-6649

U.S. 90 E.  
P.O. BOX 649  
GREENVILLE FL 32331-6649

3. Date Incorporated or Qualified <b>08/21/1984</b>	3a. Date of Last Report <b>03/03/1995</b>
4. FEI Number <b>59-2437099</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.
22	City & State
23	Zip
24	Country

26	Suite, Apt. #, etc.
27	City & State
28	Zip
29	Country

9. Name and Address of Current Registered Agent

**HOWELL, J. PHILIP  
U.S. HIGHWAY 90  
GREENVILLE FL 32331**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL 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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWELL, J. PHILIP	
STREET ADDRESS	RT 1 BOX 725, CO RD 360	
CITY - ST - ZIP	MADISON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROLAND, CHARLES A.	
STREET ADDRESS	RT 3 BOX 56, CO RD 150 N	
CITY - ST - ZIP	GREENVILLE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	HOWELL, LINDA	
STREET ADDRESS	RT 1 BOX 725, CO RD 360	
CITY - ST - ZIP	MADISON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thigpen, J. Wallace	
1.3 STREET ADDRESS	Rt. 3 Box 83	
1.4 CITY - ST - ZIP	Greenville, FL 32331	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roland, JoAnn B.	
3.3 STREET ADDRESS	Rt. 3 Box 56	
3.4 CITY - ST - ZIP	Greenville, FL 32331	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jo Ann Roland Jo Ann B. Roland 4-24-96 904-948-2968

CR2E034 (12/95)