

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

FILED

**May 15 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 # 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 32331-0649
U.S. 90 E. P.O. BOX 649 GREENVILLE FL 32331-0649

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/21/1984		04/30/1996		59-2437099	
City & State		City & State		Applied For		Not Applicable		5. Certificate of Status Desired	
Zip		Country		City & State		City & State		Trust Fund Contribution	
25		29		28		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		28		27		26		Yes No	

3. Date Incorporated or Qualified	3a. Date of Last Report
08/21/1984	04/30/1996
4. FEI Number	Applied For
59-2437099	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
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
**HOWELL, J. PHILIP
U.S. HIGHWAY 90
GREENVILLE FL 32331**

10. Name and Address of New Registered Agent

81 Name	Charles A. Roland
82 Street Address (P.O. Box Number is Not Acceptable)	U.S. Highway 90 East
83	
84 City	Greenville FL
85 Zip Code	32331

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: *Charles A. Roland* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	THIGPEN, J WALLACE	
STREET ADDRESS	RT. 3, BOX 83	
CITY-ST-ZIP	GREENVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROLAND, CHARLES A.	
STREET ADDRESS	RT 3 BOX 58, CO RD 150 N	
CITY-ST-ZIP	GREENVILLE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	ROLAND, JO ANN B.	
STREET ADDRESS	RT. 3, BOX 58	
CITY-ST-ZIP	GREENVILLE FL	
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

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Roland, Charles A.	
13 STREET ADDRESS	Rt. 3 Box 58 Co Rd 150 N	
14 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: *Jo Ann Roland* *Jo Ann Roland* 4-23-97 904-948-2968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)