


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

FILED

Feb 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H96018 (7)</b> 1. Corporation Name <b>PROFESSIONAL FERTILIZER &amp; SUPPLY, INC.</b>					
Principal Place of Business <b>22001 US HWY 19 N</b> <b>CLEARWATER FL 34625</b> <b>US</b>			Mailing Address <b>6253 CONNIEWOOD SQUARE</b> <b>NEW PT. RICHEY FL 34653-4804</b>		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>01/24/1986</b> <b>3a. Date of Last Report</b> <b>02/09/1996</b> <b>4. FEI Number</b> <b>59-2624203</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>SMITH, ROBERT J.</b> <b>6253 CONNIEWOOD SQUARE</b> <b>NEW PT. RICHEY FL 34653</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<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 obligations of, Section 607.0505, Florida Statutes.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ Signature, typed or printed name of registered agent and title if applicable					
<b>12. OFFICERS AND DIRECTORS</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP DP SMITH, ROBERT J. 6253 CONNIEWOOD SQUARE NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE D SMITH, ANASTASIA K. 6253 CONNIEWOOD SQUARE NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE V SMITH, GABRIEL J. 6253 CONNIEWOOD SQUARE NEW PORT RICHEY FL <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DP SMITH, ANASTASIA K. 6253 CONNIEWOOD SQ. NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V ST SMITH, ROBERT J. 6253 CONNIEWOOD SQ. NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert J. Smith</i> <b>Robert J. Smith</b> Vice Pres. <b>2-10-97</b> <b>813-791-3385</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)