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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P19946

1. Corporation Name
PINEY POINT PHOSPHATES, INC.

Principal Place of Business Mailing Address
 13300 U.S. HWY. 41. N. PINEY POINT PHOSPHATES, INC.
 PALMETTO FL 34221 P.O. DRAWER 797
 US MULBERRY FL 33860



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1988

4. FEI Number **54-1465195** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RINALDI, PHILIP L.	
STREET ADDRESS	HWY 60 EAST	
CITY-ST-ZIP	MULBERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEWART, R.C.	
STREET ADDRESS	HWY 60 EAST	
CITY-ST-ZIP	MULBERRY FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	AZUELOS, JUDAS	
STREET ADDRESS	HWY 60 EAST	
CITY-ST-ZIP	MULBERRY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERARDUCCI, LOUIS D.	
STREET ADDRESS	HWY 60 EAST	
CITY-ST-ZIP	MULBERRY FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NEWMAN, SCOTT	
STREET ADDRESS	HWY 60 EAST	
CITY-ST-ZIP	MULBERRY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KENWRIGHT, N J	
STREET ADDRESS	HWY 60 EAST	
CITY-ST-ZIP	MULBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4000 Hwy 60 East
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4000 Hwy 60 East
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4000 Hwy 60 East
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4000 Hwy 60 East
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4000 Hwy 60 East
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T/S
6.3 STREET ADDRESS	4000 Hwy 60 East
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* Date: **4-6-99**

CR2E034 (1/198)

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389850-90159-25

**Florida Department of State
Profit Corporation Annual Report-1999**

Document #P19946
Piney Point Phosphates, Inc.
FEI Number 54-1465195

Item 12-Additional Officers and Directors

Title V/S
Name LaPier, Theodore
Street Address 4000 Hwy 60 E
City-St-Zip Mulberry, FL 33860

Title D
Name Steiner, Jeffrey
Street Address 4000 Hwy 60 E
City-St-Zip Mulberry, FL 33860