

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:49

DOCUMENT # P32991

(2)

1. Corporation Name

HYDRO AGRI AMMONIA, INC.

Principal Place of Business

100 N. TAMPA STREET
STE. 3200
TAMPA FL 33602
US

Mailing Address

100 N. TAMPA STREET
STE. #3200
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/28/1991

3a. Date of Last Report

03/08/1994

4. FEI Number

59-3040501

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE -P-
NAME -GERADTS, BERNARDUS.
STREET ADDRESS 100 N. TAMPA STREET, STE. #3200
CITY- ST- ZIP TAMPA FL

TITLE DVST
NAME CALCATERRA, THOMAS M.
STREET ADDRESS 100 N. TAMPA STREET, STE. #3200
CITY- ST- ZIP TAMPA FL

TITLE CDV
NAME COCKMAN, JAMES EDDIE
STREET ADDRESS 100 N. TAMPA STREET, STE. #3200
CITY- ST- ZIP TAMPA FL

TITLE D-
NAME BACH, BJORN
STREET ADDRESS 100 N. TAMPA STREET, STE. #3200
CITY- ST- ZIP TAMPA FL

TITLE V-
NAME AGTBURY, LOU
STREET ADDRESS 100 N. TAMPA STREET, STE. #3200
CITY- ST- ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Bach, BJORN
1.3 STREET ADDRESS 100 N. Tampa Street, Ste # 3200
1.4 CITY- ST- ZIP Tampa, FL 33602
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

(813) 222-5700

(Two)

(Typed Name)