

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90068 046 ***150.00

DOCUMENT # **P32991**

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

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACH, BJORN
100 N. TAMPA STREET
STE. 3200
TAMPA FL 33602**

81 Name

Edward Cavazuti

82 Street Address (P.O. Box Number is Not Acceptable)

100 N. Tampa Street

83

Suite 3200

84 City

Tampa,

FL

85 Zip Code

33602

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 607.0605, Florida Statutes.

SIGNATURE

Edward Cavazuti, President

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BACH, BJORN**
STREET ADDRESS **100 N. TAMPA ST. STE #3200**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Edward Cavazuti**
1.3 STREET ADDRESS **100 N. Tampa St., Suite 3200**
1.4 CITY-ST-ZIP **Tampa, FL 33602**

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

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

TITLE **ST** ☐ DELETE
NAME **STEINER, TIMOTHY J**
STREET ADDRESS **100 N TAMPA ST, SUITE 3200**
CITY-ST-ZIP **TAMPA FL 33602**

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **Dag Birkelund**
3.3 STREET ADDRESS **100 N. Tampa St, Suite 3200**
3.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D** ☐ DELETE
NAME **BIRKELUND, DAG**
STREET ADDRESS **100 N TAMPA ST, STE 3200**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **D** ☐ DELETE
NAME **KYLLING, ALMAR**
STREET ADDRESS **BYGDOY ALLE 2**
CITY-ST-ZIP **OSLO NO**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)