FILED

May 06, 1999 8:00 am Secretary of State

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Mailing Address

100 N. TAMPA STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P36281

1. Corporation Name

Principal Place of Business 100 N. TAMPA STREET

HYDRO AGRI PHOSPHATES, INC.

TAMPA FL 33602		TAMPA FL 33602		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed		
ı				11/13/1991		l
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		13-3629634	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Rec	quired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	- 1
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 36	0	Personal Property Tax.		□No
	Name and Address of Current	nt Registered Agent		10. Name and Address of New Register	ed Agent	
DAC.	LL DIODN		81 Name (turono Cavaruti		
BACH, BJORN 100 N TAMPA ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 3200			1	<u>00 N. 10mpa st</u>		
			83	Scrite 3200		
IAW	IPA FL 33602		84 City -	50116-0000	. 85 Zip C	ode
	^		,	\overline{lampa} \overline{F}	L 1 1 53	$\omega = 1$
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 yes 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 607.055. Florida Statutes.						
office or r	registered agent, or both, invine State im familiar with/and accept/the oblig	ations of Section 607.05 5, Florid	a Statutes.	· · · · · · · · · · · · · · · · · · ·	وه، وه ال	^
SIGNATURE	1111	www.	Edunco	t (byazuti Kositiont	412010	
SIGNATURE	Signature. Sped or printed name of registered age	ant and tate if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating) DATE		
12.		ND DIRECTOS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PDC	☐ DELETE	1,1 TITLE PC		Change	☐ Addition
NAME	BACH, BJORN		1.2 NAME	dward Cavazuti, it 30	\sim	
STREET ADDRESS	100 N TAMPA ST, #3200		1.3 STREET ADDRESS 10	10 N. Tampa St., Suite 32	40	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	smpa fl 33602		
TITLE	VD	☐ DELETE	2.1 TITLE VI	ost ,	Change	Addition
NAME	BIRKELUND, DAG		2.2 NAME	og Birkelund o L	00	
STREET ADDRESS	100 N TAMPAA ST, STE 3200	1	2.3 STREET ADDRESS	NOTO. TOMPO STO SOUTE SO	<i>3</i> 0,	
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	ampa FL 3360a		
TITLE	ST	DELETE	3.1 TITLE	•	☐ Change	Addition
NAME	STEINER, TIMOTHY J	,	3.2 NAME			
STREET ADDRESS	100 N TAMPA ST, STE 3200		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		☐ Change	☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS	1		4.3 STREET ADDRESS			
CITY-ST-ZIP			4,4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			i
1			6.3 STREET ADDRESS			
STREET ADDRESS						

SIGNATURE:

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does no reualify 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 told 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 dorporation or the receiver of 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 chapted, of on an attachment with an address, with all other like empowered.