**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**
**AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).**

0083152

PROFIT CORPORATION ANNUAL REPORT
**1998**

98-99 AR

FILED
99 JUN -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067233 (4)

1. Corporation Name
**LONGREEN FERTILIZER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2625 LONGWOOD DRIVE<br>LAKELAND FL 33811 | P.O.BOX 855<br>MULBERRY FL 33860<br>Same |

**REINSTATEMENT** 98-99 R
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1994

2. Principal Place of Business
21 6020 Laurel Oak Dr
22 Suite, Apt. #, etc. Lakeland Fl.
23 City & State
24 Zip 33811 25 Country Polk, USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number 59-3267701 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
WHITTINGTON, ALBERT A
2625 LONGWOOD DR
LAKELAND FL 33811

10. Name and Address of New Registered Agent
81 Name Albert A. Whittington
82 Street Address (P.O. Box Number Is Not Acceptable)
83 6020 Laurel Oak Dr.
84 City Lakeland FL 85 Zip Code 33811

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 Albert A. Whittington Pres. 6/1/99
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 | P | ☐ DELETE | 1.1 TITLE | Pres. | ☑ Change ☐ Addition |
| NAME | WHITTINGTON, ALBERT A | | 1.2 NAME | Albert A. Whittington | |
| STREET ADDRESS | 2625 LONGWOOD DRIVE | | 1.3 STREET ADDRESS | 6020 Laurel Oak Dr. | |
| CITY-ST-ZIP | LAKELAND FL 33811 | | 1.4 CITY-ST-ZIP | Lakeland Fl. 33811 | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | V-Pres. | ☑ Change ☐ Addition |
| NAME | WHITTINGTON, MICHAEL | | 2.2 NAME | Michael Whittington | |
| STREET ADDRESS | 2625 LONGWOOD DRIVE | | 2.3 STREET ADDRESS | 6020 Laurel Oak Dr. | |
| CITY-ST-ZIP | LAKELAND FL 33811 | | 2.4 CITY-ST-ZIP | Lakeland Fl 33811 | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | Sec. | ☑ Change ☐ Addition |
| NAME | WHITTINGTON, ALAN T | | 3.2 NAME | Alan T. Whittington | |
| STREET ADDRESS | 2625 LONGWOOD DRIVE | | 3.3 STREET ADDRESS | 6020 Laurel Oak Dr. | |
| CITY-ST-ZIP | LAKELAND FL 33811 | | 3.4 CITY-ST-ZIP | Lakeland Fl. 33811 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Changed Address | | 4.2 NAME | 500002902885--4 | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | -06/14/99--01005--020 | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | ****908.75 ****908.00 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | 500002902885--4 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | -06/14/99--01005--020 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | ****908.75 ****908.75 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

6/10/99 (W)

CR2E034 (5/98)

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.

**SIGNATURE:** Albert A. Whittington (Pres) / Albert A. Whittington 6-1-99 941-648-1245
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number