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

Mailing Address

6950 108TH AVE

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

6950 108TH AVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 23 1998 8:00am

Secretary of State

Addition

4/13/98 8/3/5458832

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000089450 (7)

NPK FERTILIZER & SUPPLY, INC.

SUITE E LARGO FL 33 US		SUITE E LARGO FL 33777 US	LARGO FL 33777 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/20/1995			
;	lace of Business	2a. Mailing Address				4. FEI Number	Applied For Not Applicable		
Suite, Apt.	# etc	Suite, Apl. #, etc.				59-3346412	CQ 75 Additional		
22		27				5. Certificate of Status Desired	5. Certificate of Status Desired Fee Required		
City & State	e	City & State				6, Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zφ	<b>⊢</b> ⊸	untry	,	8. This corporation owes or has paid the o			
24	25	[29]	30	1		Personal Property Tax due June 30.		_ No	
	g. Name and Address of Curr			81	Name	10. Name and Address of New Registers	a Agent		
	CHWALTER, DOUGLAS M ESC	1		["	Name				
	72 BROWNELL ST			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
CH	EARWATER FL 34616			83					
				84	City	F	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607 0	502 and 607.1508. Florida Statu	ites, the a	L	e-named con	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing	its registered	
SIGNATURE	Signature, typed or psetted name of registered a	agest and lite if applicable (NO ND DIRECTORS	TE. Registere	d Age	ent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		DC IN 12	
TITLE	PD	DELETE	1.1 7	ITLF	···-	AUDITIONS/CHANGES TO OFFICERS A	Change	Additio	
NAME	BASS, ALBERT S III		1.2 N						
STREET ADDRESS	14530 OLIVER ST				ADDRESS				
CITY-ST-ZIP	LARGO FL		- 1	ITY-S					
TITLE	STD	DELETE	2.1 T				☐ Change	Additio	
NAME	BASS, ROBIN		2.2 N	IAME					
STREET ADDRESS	14530 OLIVER ST		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	LARGO FL		2.40	CITY-S	ST-ZIP				
TITLE		DELETE	3.1 T	ITLE			Change	☐ Additio	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP					ST - ZIP				
TITLE		☐ DELETE	4.1 T	ITLE			Change	☐ Additio	
NAME			4.21	MAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			_	ITY - S	T-ZIP				
TITLE		☐ DELETE	5.1 T				Change	Additio	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	THEET	ADDRESS				

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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 suppliemental 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.

DELETE