

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 APR -4 PM 7: 13

DOCUMENT # **S19214 (3)**
1. Corporation Name
TRANS-PHOS, INC.

Principal Place of Business
**NORALYN MINE RD. & CR 640
PO BOX 2026
BARTOW FL 33830**

Mailing Address
**NORALYN MINE RD. & CR 640
PO BOX 2026
BARTOW FL 33830**
33831-2026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/18/1990** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3042773		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**WHITNEY, RICHARD, L
NORALYN MINE RD & S.R. #640
SUITE 2100
BARTOW 33830**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO WHITNEY, RICHARD L.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORALYN MINE RD.	1.2 NAME	
STREET ADDRESS	BARTOW FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD WHITNEY, WILLIAM A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORALYN MINE RD.	2.2 NAME	
STREET ADDRESS	BARTOW FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VDSI WHITNEY, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORALYN MINE RD.	3.2 NAME	
STREET ADDRESS	BARTOW FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D WHITNEY, SAM R.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORALYN MINE RD.	4.2 NAME	
STREET ADDRESS	BARTOW FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D WHITNEY, ROBERT L.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1294 HIDDEN WOODS	5.2 NAME	
STREET ADDRESS	ZEPHYR COVE NV	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D MORAN, PATRICIA W.	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15301 VIA DE LAS OLAS	6.2 NAME	
STREET ADDRESS	PACIFIC PALISADES CA	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**AT/AS
HARRY S. BEDFORD, III
NORALYN MINE ROAD
BARTOW, FL 33830**

14. I do hereby certify that the information furnished 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 in an attachment with no change.

SIGNATURE: TRANS-PHOS, INC. HARRY S. BEDFORD, III AST. TREASURER 3/30/95 (813) 534-1575
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR