

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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: **P O BOX 2026 PO BOX 2026 BARTOW FL 33831-2026 US**

3. Date Incorporated or Qualified: **12/18/1990**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-3042773**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 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 Numbers Not Acceptable): 83 City: 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Print Name, Address and Telephone Number) _____ (Print Name, Address and Telephone Number)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WHITNEY, RICHARD L. NORALYN MINE RD. BARTOW FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, WILLIAM A. NORALYN MINE RD. BARTOW FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WHITNEY, DAVID NORALYN MINE RD. BARTOW FL	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	WHITNEY, SAM R. NORALYN MINE RD. BARTOW FL	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WHITNEY, ROBERT L. 1294 HIDDEN WOODS ZEPHYR COVE NV	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATAS BEDFORD, HARRY S III NORALYN NINE ROAD BARTOW FL	16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		18 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 as an attachment with an address.

SIGNATURE: *[Signature]* **ASST. TREAS.** **3/16/1996** **941-534-1575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HARRY S. BEDFORD, III**

CR2E034 (12/95)