


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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S19214 (3)**

1. Corporation Name  
**TRANS-PHOS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4001 NORALYN MINE RD. PO BOX 2026 BARTOW FL 33830 US	Mailing Address P O BOX 2026 PO BOX 2026 BARTOW FL 33831-2026 US
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3. Date Incorporated or Qualified <b>12/18/1990</b>	
4. FET Number <b>59-3042773</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

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 **FL** 85 Zip Code

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, RICHARD L.	1.2 NAME	
STREET ADDRESS	NORALYN MINE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, WILLIAM A.	2.2 NAME	
STREET ADDRESS	NORALYN MINE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	
TITLE	VDST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, DAVID	3.2 NAME	
STREET ADDRESS	NORALYN MINE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, SAM R.	4.2 NAME	
STREET ADDRESS	NORALYN MINE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, ROBERT L.	5.2 NAME	
STREET ADDRESS	1294 HIDDEN WOODS	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYR COVE NV	5.4 CITY-ST-ZIP	
TITLE	ATAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDFORD, HARRY S III	6.2 NAME	
STREET ADDRESS	NORALYN NINE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)