

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006354

**FILED**  
**Feb 08, 2021**  
**Secretary of State**  
**4385393824CC**

**Entity Name:** ASSOCIATION OF FERTILIZER AND PHOSPHATE CHEMISTS, INC.

**Current Principal Place of Business:**

13830 CIRCA CROSSING DRIVE LITHIA  
LITHIA, FL 33547

**Current Mailing Address:**

PO BOX 1645  
BARTOW, FL 33831 US

**FEI Number:** 46-1764990

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RANDY K. STERNS, VP OF REGISTERED AGENT

02/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SCHUCK, BRUCE R  
Address 2740 CAUSEWAY CENTER DRIVE  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name WALSH , PATRICIA  
Address 13830 CIRCA CROSSING DRIVE  
City-State-Zip: LITHIA FL 33547

Title PRESIDENT  
Name SAPP, KEVIN  
Address PO BOX 1645  
City-State-Zip: BARTOW FL 33831

Title DIRECTOR  
Name BARBER, JESSICA  
Address 1632 SALESBERRY STREET  
City-State-Zip: LAKELAND FL 33803

Title TREASURER  
Name LAMMERS, JOE  
Address 1150 W. HIGHWAY 30  
City-State-Zip: POCATELLO ID 83204

Title SECRETARY  
Name KARASHAY, LINDSAY  
Address 13830 CIRCA CROSSING DRIVE  
City-State-Zip: LITHIA FL 33547

Title PRODUCTION COORDINATOR  
Name RICE, KEITH  
Address 13830 CIRCA CROSSING DRIVE  
City-State-Zip: LITHIA FL 33547

Title VP  
Name PAZ, ODALYS  
Address PO BOX 1645  
City-State-Zip: BARTOW FL 33831

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN S SAPP

**PRESIDENT**

02/08/2021

Electronic Signature of Signing Officer/Director Detail

Date