

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S19214

**Entity Name:** TRANS-PHOS, INC.

**Current Principal Place of Business:**

5020 OLD STATE HWY 37  
MULBERRY, FL 33860

**Current Mailing Address:**

PO BOX 9004  
BARTOW, FL 33831 US

**FEI Number:** 59-3042773

**Certificate of Status Desired:** No

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

WHITNEY, WILLIAM A.  
5020 OLD STATE HWY 37  
MULBERRY, FL 33860 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:** WILLIAM A. WHITNEY

03/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, COO  
Name WHITNEY, WILLIAM A.  
Address 5020 OLD STATE HWY 37  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name WHITNEY, WILLIAM A.  
Address 5020 OLD STATE HWY 37  
City-State-Zip: MULBERRY FL 33860

Title SECRETARY, DIRECTOR  
Name MORAN, PAT  
Address 15301 VIADE LAS OIAS  
City-State-Zip: PACIFIC PALISADES CA 90272

Title DIRECTOR  
Name WHITNEY, ROBERT L  
Address 5020 OLD STATE HWY 37  
City-State-Zip: MULBERRY FL 33860

Title CEO, DIR, PRESIDENT  
Name WHITNEY, WILLIAM N  
Address 5020 OLD STATE HWY 37  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name WHITNEY, DAVID  
Address PO BOX 9004  
City-State-Zip: BARTOW FL 33831

Title VP  
Name MCGEE, KEVIN  
Address 5020 OLD STATE HWY 37  
City-State-Zip: MULBERRY FL 33860

Title CONTROLLER  
Name SARASIN, DONALD  
Address 5020 OLD STATE HWY 37  
City-State-Zip: MULBERRY FL 33860

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DON SARASINALD

CONTROLLER

03/21/2023

Electronic Signature of Signing Officer/Director Detail

Date