

2022 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

01/25/2022

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

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 SARASIN**CONTROLLER**

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Date