

**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 # 300665 (7)  
1. Corporation Name  
**WHISK CHEMICAL COMPANY**



Principal Place of Business: 222 S. COMBE RD. POB 1333 LAKELAND FL 33802 US  
Mailing Address: P.O. BOX 1333 POB 1333 LAKELAND FL 33802 US

3. Date Incorporated or Qualified: 01/05/1966  
3a. Date of Last Report: 03/17/1995

21. Principal Place of Business: 3108 ATLANTIC AVE  
22. Suite, Apt. #, etc.  
22a. Mailing Address: P.O. BOX 97  
27. Suite, Apt. #, etc.

4. FEI Number: 59-1110299  
Applied For: Not Applicable

23. City & State: EATON PARK  
28. City & State: EATON PARK

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 33840  
25. Country: POLIC  
29. Zip: 33840  
30. Country: POLIC

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

FORSYTHE, DALE E JR.  
1227 HONEYTREE LANE  
LAKELAND, FL  
33801

81. Name: JAMES P. BROWN  
82. Street Address (P.O. Box Number is Not Acceptable): 1334 TIMBERIDGE LOOP SOUTH  
83.  
84. City: LAKELAND FL 85. Zip Code: 33809

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: *James P. Brown* JAMES P. BROWN DATE: 4-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	DELETED <input checked="" type="checkbox"/>	1.1 TITLE: <del>PRESIDENT</del> JAMES P. BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FORSYTHE, DALE E.		1.2 NAME: JAMES P. BROWN	
STREET ADDRESS: 1227 HONEYTREE LANE		1.3 STREET ADDRESS: 1334 TIMBERIDGE LOOP S.	
CITY-ST-ZIP: LAKELAND, FL 00000		1.4 CITY-ST-ZIP: LAKELAND FL 33809	
TITLE: PD	DELETED <input checked="" type="checkbox"/>	2.1 TITLE: SEC. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FORSYTHE, DALE E.		2.2 NAME: A. JACQUELINE BROWN	
STREET ADDRESS: 1227 HONEYTREE LANE		2.3 STREET ADDRESS: 1334 TIMBERIDGE LOOP S.	
CITY-ST-ZIP: LAKELAND, FL 00000		2.4 CITY-ST-ZIP: LAKELAND, FL 33809	
TITLE:	DELETED <input type="checkbox"/>	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	DELETED <input type="checkbox"/>	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	DELETED <input type="checkbox"/>	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	DELETED <input type="checkbox"/>	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 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: *James P. Brown* DATE: 4-30-96 DAYTIME PHONE #: 941-665-6534

CR2E034 (12/95)