

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



Principal Place of Business 3108 ATLANTIC AVE <del>POB 1833</del> EATON PARK FL 33840 US	Mailing Address PO BOX 97 <del>POB 1333</del> EATON PARK FL 33840 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3108 Atlantic Ave</b>	2a. Mailing Address 26 <b>P.O. Box 97</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Eaton Park FL</b>	28 City & State <b>Eaton Park, FL</b>
24 Zip <b>33840</b>	25 Country <b>USA</b>
29 Zip <b>33840-0097</b>	30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>01/05/1966</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1110299</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	

9. Name and Address of Current Registered Agent

**BROWN, JAMES P**  
**1334 TIMBERIDGE LOOP SOUTH**  
**LAKELAND, FL**  
**33809**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>BROWN, JAMES P</b>	
STREET ADDRESS	<b>1334 TIMBERIDGE LOOP SOUTH</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BORWN, A. JACQUELINE</b>	
STREET ADDRESS	<b>1334 TIMBERIDGE LOOP SOUTH</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P, ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Brown, James P.</b>	
1.3 STREET ADDRESS	<b>1334 Timberidge Lps</b>	
1.4 CITY-ST-ZIP	<b>Lakeland, FL 33809</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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**-08/15/97--01026--013**  
**\*\*\*165.00 \*\*\*165.00**

14. I do 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ **James P. Brown 8-30-97**

CR2E034 (4/97)

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August 4, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32302

RE: Whisk Chemical Company  
1997 Annual Report

Ladies & Gentlemen,

We were surprised to receive a second notice for our 1997 Annual Report. Our records indicate that this report was filed timely. However our check has not cleared the bank. Please accept this report along with a reissued check in lieu of our previous report. If you should require additional information regarding the same please call Jim Brown at (941) 665-6534.

Sincerely,



James P. Brown  
President