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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:33

DOCUMENT # 428759

(5)

1. Corporation Name

CHEMICAL DYNAMICS INC

Principal Place of Business

4206 BUSINESS LN
PO BOX 486
PLANT CITY FL 33567-7908

Mailing Address

4206 BUSINESS LN
PO BOX 486
PLANT CITY FL 33567-7908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1973

3a. Date of Last Report

03/29/1994

4. FEI Number

59-1518851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARSON, DAVID W
4206 BUSINESS LANE
PLANT CITY FL 33567

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD
NAME	CARSON, BETTY C
STREET ADDRESS	SWINGER RD
CITY - ST - ZIP	DOVER FL
TITLE	CD
NAME	CARSON, WEBSTER B
STREET ADDRESS	SWINGER RD
CITY - ST - ZIP	DOVER FL
TITLE	PD
NAME	CARSON, DAVID W
STREET ADDRESS	BRIDLE DRIVE
CITY - ST - ZIP	PLANT CITY, FL 00000
TITLE	D
NAME	PONDER, JAMES
STREET ADDRESS	2000 COUNTRYSIDE CIR N
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2901 N. FRITZKE ROAD
1.4 CITY - ST - ZIP	DOVER, FL 33527
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2901 N. FRITZKE ROAD
2.4 CITY - ST - ZIP	DOVER, FL 33527
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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:

Betty C Carson Sec/Treas 1/11/95

813/752-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY C. CARSON