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 # **428759** **(5)**

1. Corporation Name

CHEMICAL DYNAMICS INC

Principal Place of Business	Mailing Address
4206 BUSINESS LN PO BOX 486 PLANT CITY FL 33567-7908	4206 BUSINESS LN PO BOX 486 PLANT CITY FL 33567-7908

3. Date Incorporated or Qualified: **06/21/1973**
3a. Date of Last Report: **01/20/1995**

4. FEI Number: **59-1518851** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CARSON, DAVID W
4206 BUSINESS LANE
PLANT CITY FL 33567

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	CARSON, BETTY C		1.2 NAME		
STREET ADDRESS	2901 N FRITZKE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER FL 33527		1.4 CITY-ST-ZIP	33527	
TITLE	CD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	CARSON, WEBSTER B		2.2 NAME		
STREET ADDRESS	2901 N FRITZKE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER FL 33527		2.4 CITY-ST-ZIP	33527	
TITLE	PD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	CARSON, DAVID W		3.2 NAME		
STREET ADDRESS	BRIDLE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000 33566		3.4 CITY-ST-ZIP	33566	
TITLE	D	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	PONDER, JAMES		4.2 NAME		
STREET ADDRESS	2000 COUNTRYSIDE CIR N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		4.4 CITY-ST-ZIP	32804	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	EDWARDS, ROBERT		5.2 NAME	EDWARDS, ROBERT	
STREET ADDRESS	2815 HAMMOCK DR.		5.3 STREET ADDRESS	2815 HAMMOCK DR.	
CITY-ST-ZIP	PLANT CITY, FL 33566		5.4 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Betty C Carson — 2/6/96 — 813/752-4952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #