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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33567-1163

3. Date Incorporated or Qualified: **06/21/1973**
3a. Date of Last Report: **02/13/1996**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: P O BOX 486
Suite, Apt. #, etc.
27:
City & State
28: PLANT CITY, FLORIDA
Zip / Country
29: 33564 30: HILLSBORO

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

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		1.4 CITY-ST-ZIP		
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		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	CARSON, DAVID W		3.2 NAME		
STREET ADDRESS	BRIDLE DRIVE		3.3 STREET ADDRESS	2617 BRIDLE DRIVE	
CITY-ST-ZIP	PLANT CITY, FL 00000		3.4 CITY-ST-ZIP		
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		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, ROBERT		5.2 NAME		
STREET ADDRESS	2815 HAMMOCK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP		
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 (9/96)

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: Betty C. Carson Vice Pres 4/26/97 813/752-4952