ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90007 004 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 428759

Corporation Name

CHEMICAL DYNAMICS INC

Principal Place of Business	Mailing Address
206 BUSINESS LN O BOX 486 LANT CITY FL 33567-7908	P.O. BOX 486 PLANT CITY FL 33564 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/21/1973	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 59-1518851	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ 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

1. 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.

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

OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	CARSON, BETTY C		1.2 NAME	
EET ADDRESS	2901 N FRITZKE RD		1.3 STREET ADDRESS	
Y-ST-ZIP	DOVER FL		1.4 CITY-ST-ZIP	
LE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	CARSON, WEBSTER B		2.2 NAME	
EET ADDRESS	2901 N FRITZKE RD		2.3 STREET ADDRESS	
Y-ST-ZIP	DOVER FL		2.4 CITY-ST-ZIP	
LE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	CARSON, DAVID W		3.2 NAME	
EET ADDRESS	2617 BRIDLE DR		3.3 STREET ADDRESS	
Y-ST-ZIP	PLANT CITY, FL 00000		3.4 CITY-ST-ZIP	
LE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME	PONDER, JAMES		4.2 NAME	
EET ADDRESS	2000 COUNTRYSIDE CIR N		4.3 STREET ADDRESS	
Y-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
LE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME	EDWARDS, ROBERT		5.2 NAME	
EET ADDRESS	2815 HAMMOCK DR		5.3 STREET ADDRESS	
Y-ST-ZIP	PLANT CITY FL		5.4 CITY-ST-ZIP	
LE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME			6.2 NAME	
EET ADDRESS			6.3 STREET ADDRESS	
Y-ST-ZIP			6.4 CITY-ST-ZIP	

I 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 REQUIRED 7/1/99 813/752-4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)