FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:10

DOCUMENT # 710027 (4)

1. Corporation Name

CENTRAL FLORIDA CHEMICAL WORKERS BUILDING CORPORATION, INC.,

Principal Place of Business	Mailing Address
118 1ST AVE. N.W. P.O. BOX 556 MULBERRY FL 33860-0556 US	118 1ST AVE. N.W. P.O. BOX 556 MULBERRY FL 33860-0556 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1965
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1028719 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUTTON, JAMES C.
1001 NE 4 ST
PO BOX 594
MULBERRY FL 33860

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	P	11 TITLE	☒ Change ☐ Addition
NAME	CARMICHAEL, B. O	12 NAME	James C. Sutton
STREET ADDRESS	624 DIXON STREET	13 STREET ADDRESS	1001 NE 4 Street
CITY-ST-ZIP	FT. MEADE FL	14 CITY-ST-ZIP	Mulberry, FL 33860-0594
TITLE	S	21 TITLE	☐ Change ☒ Addition
NAME	HOSTETLER, JERRY	22 NAME	
STREET ADDRESS	408 S. PERRY	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL	24 CITY-ST-ZIP	33841
TITLE	D	31 TITLE	☐ Change ☒ Addition
NAME	EUSTICE, TIM	32 NAME	
STREET ADDRESS	510 N. EVERINA	33 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	34 CITY-ST-ZIP	33510
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	BELL, W. T	42 NAME	
STREET ADDRESS	2435 E. GIBBON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	44 CITY-ST-ZIP	33830
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	GREEN, HILDARD	52 NAME	
STREET ADDRESS	2840 N MARTHA AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	33805-2238
TITLE	V	61 TITLE	☒ Change ☐ Addition
NAME	SZADA, TOMMY	62 NAME	
STREET ADDRESS	12130 US HWY 41S LOT 178	63 STREET ADDRESS	11823 Balm Riverview Road
CITY-ST-ZIP	GIBSONTON FL	64 CITY-ST-ZIP	Riverview, FL 33569

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James C. Sutton — James C Sutton — 3-22-95 — 813 425-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #