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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 710027 (4)

1. Corporation Name

CENTRAL FLORIDA CHEMICAL WORKERS BUILDING CORPORATION, INC.,

Principal Place of Business

118 1ST AVE. N.W.  
P.O. BOX 556  
MULBERRY FL 33860-0556  
US

Mailing Address

118 1ST AVE. N.W.  
P.O. BOX 556  
MULBERRY FL 33860-0556  
US



3. Date Incorporated or Qualified  
12/09/1965

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

CRAWFORD, JAMES D  
2006 N.E. 5TH STREET  
MULBERRY FL 33860

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

2b. Mailing Address

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CRAWFORD, JAMES D  
STREET ADDRESS 206 N.E. 5TH ST  
CITY-ST-ZIP MULBERRY FL 33860

TITLE S  
NAME HOSTETLER, JERRY  
STREET ADDRESS 408 S. PERRY  
CITY-ST-ZIP FT. MEADE FL

TITLE D  
NAME APONTE, A.P.  
STREET ADDRESS 117 SHERYLLENN  
CITY-ST-ZIP BRANDON FL 33510

TITLE D  
NAME MAILLET, HERMAN  
STREET ADDRESS 930 DOVE RIDGE DR.  
CITY-ST-ZIP LAKELAND FL 33803

TITLE D  
NAME GREEN, HILDARD  
STREET ADDRESS 2840 N MARTHA AVE.  
CITY-ST-ZIP LAKELAND FL

TITLE V  
NAME SZADA, TOMMY  
STREET ADDRESS 11823 BALM RIVERVIEW ROAD  
CITY-ST-ZIP RIVERVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DIRECTOR  
3.2 NAME RICHARD STEPHENS  
3.3 STREET ADDRESS 134 PARKSIDE DR  
3.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

4.1 TITLE DIRECTOR  
4.2 NAME RICHARD RAWLS  
4.3 STREET ADDRESS 609 S. WIGGINS RD  
4.4 CITY-ST-ZIP PLANT CITY, FL 33566

5.1 TITLE DIRECTOR  
5.2 NAME ALAN MURKERSON  
5.3 STREET ADDRESS 2750 GORDON STREET  
5.4 CITY-ST-ZIP MULBERRY, FL 33860

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 6, 1997

941 425-4541

CR2E037 (9/96)