

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

12/09/1965

4. FEI Number

59-1028719

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, JAMES D
2008 N.E. 5TH STREET
MULBERRY FL 33860**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **CRAWFORD, JAMES D**
STREET ADDRESS **208 N.E. 5TH ST**
CITY-ST-ZIP **MULBERRY FL 33860**

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

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

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

TITLE **D** ☒ DELETE
NAME **STEPHENS, RICHARD**
STREET ADDRESS **134 PARKSIDE DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DIRECTOR**
3.3 STREET ADDRESS **HERMAN MAILLET**
3.4 CITY-ST-ZIP **930 DOVE RIDGE RD**
LAKELAND, FL 33803

TITLE **D** ☐ DELETE
NAME **RAWLS, RICHARD**
STREET ADDRESS **609 S. WIGGINS RD.**
CITY-ST-ZIP **PLANT CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MURKERSON, ALAN**
STREET ADDRESS **2750 GORDON STREET**
CITY-ST-ZIP **MULBERRY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3/19/98

425-1193

CR2E037 (10/97)