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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 710027

1. Corporation Name

CENTRAL FLORIDA CHEMICAL WORKERS BUILDING CORPOR ATION. 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

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 12/09/1965

4. FEI Number: 59-1028719 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CRAWFORD, JAMES D
2006 N.E. 5TH STREET
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 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 _____ 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	☐ DELETE	1.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	CRAWFORD, JAMES D		1.2 NAME	JIMMY MATHIS	
STREET ADDRESS	206 N.E. 5TH ST		1.3 STREET ADDRESS	1835 Oakwood Loop,W. Bartow, fl. 33830	
CITY-ST-ZIP	MULBERRY FL 33860		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	HOSTETLER, JERRY		2.2 NAME	LINDA HUTCHINSON	
STREET ADDRESS	408 S. PERRY		2.3 STREET ADDRESS	2420 Bailey Rd. #21, Mulberry, Fl. 33860	
CITY-ST-ZIP	FT. MEADE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	MAILLET, HERMAN		3.2 NAME	DENNIS-ALBRITTON	
STREET ADDRESS	930 DOVE RIDGE RD		3.3 STREET ADDRESS	1730 Bosarge Dr. Bartow, Fl. 33830	
CITY-ST-ZIP	LAKELAND FL 33803		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAWLS, RICHARD		4.2 NAME		
STREET ADDRESS	609 S. WIGGINS RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURKERSON, ALAN		5.2 NAME		
STREET ADDRESS	2750 GORDON STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SZADA, TOMMY		6.2 NAME		
STREET ADDRESS	11823 BALM RIVERVIEW ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		6.4 CITY-ST-ZIP		

CR2E037-(11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/19/99 (941) 425-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #