

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90088 002 \*\*\*\*61.25

**DOCUMENT # 710027**

1. Entity Name

**CENTRAL FLORIDA CHEMICAL WORKERS BUILDING  
CORPORATION, INC.,**



Principal Place of Business

**118 1ST AVE. N.W.  
MULBERRY FL 33860  
US**

Mailing Address

**4404 S FLORIDA AVE  
SUITE 10  
LAKELAND FL 33813  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1028719**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MATHIS, JIMMY  
1835 OAKWOOD LOOP W  
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **2VP** ☐ Delete  
NAME **GROSS, JEFF**  
STREET ADDRESS **1150 RICHLAND RD.**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **P** ☐ Delete  
NAME **MATHIS, JIMMY**  
STREET ADDRESS **1835 OAKWOOD LOOP W**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ Delete  
NAME **TINGWALL, BUTCH**  
STREET ADDRESS **1710 HIGHLAND BLVD**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ Delete  
NAME **SUMMERLIN, TOMMY**  
STREET ADDRESS **350 TANGERINE**  
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **ST** ☒ Delete  
NAME **HEIMRICH, GARY**  
STREET ADDRESS **4186 HOMESTEAD DR.**  
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **1VP** ☐ Delete  
NAME **CRAWFORD, J D**  
STREET ADDRESS **206 NE 5TH STREET**  
CITY-ST-ZIP **MULBERRY FL 33860**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **James Slaughter**  
STREET ADDRESS **1670 Sailpoint Dr**  
CITY-ST-ZIP **Bartow, FL 33830**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jimmy R. Mathis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/04**

Date

**(863) 425-1961**

Daytime Phone #