2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2007 8:00 am Secretary of State DOCUMENT # 710027 1. Entity Name 02-19-2007 90060 025 ****61.25 CENTRAL FLORIDA CHEMICAL WORKERS BUILDING CORPORATION, INC., Principal Place of Business Mailing Address 118 1ST AVE. N.W. 4404 S FLORIDA AVE MULBERRY FL 33860 SUITE 10 LAKELAND FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1028719 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHIS, JIMMY Street Address (P.O. Box Number is Not Acceptable) 1835 OAKWOOD LOOP W BARTOW FL 33830 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. X Delete TITLE TITLE Secretary-Treasurer ☐ Change X Addition NAME GROSS, JEFF NAME Jeff Troup STREET ADDRESS 1150 RICHLAND RD. STREET ADDRESS 50 Cactus Circle CitY - S1 - 7IP CITY - ST- 7IP BARTOW FL 33830 FL33881 Winter Haven, 11111 ☐ Delete IIILE Change Addition NAME MATHIS, JIMMY NAME STREET ADDRESS STREET ADDRESS 1835 OAKWOOD LOOP W CITY-ST-ZIP BARTOW FL 33830 CITY-ST-7IP 1st Vice President THE Delete IIILE Addition Addition ☐ Change NAM! NAME Bobby Coleman TINGWALL, BUTCH STREET ADDRESS STREET ADDRESS 1710 HIGHLAND BLVD 3016 Helms Dr CITY - ST - ZIP CITY-ST-ZIP BARTOW FL 33830 <u> Auburndale. FL 33823</u> Recorder Conrad Odum MILE TITLE **X** Delete ☐ Change X Addition NAME: NAME SUMMERLIN, TOMMY STREET ADDRESS 865 McLeod Street STREET ADDRESS 350 TANGERINE Bartow, CITY-S1-ZIP CITY-ST-ZIP FL MULBERRY FL 33860 TILLE ☐ Delete IIILE ☐ Change ☐ Addition NAME SLAUGHTER, JAMES NAME STREET ADDRESS 1670 SAILPOINT DR. STREET ADDRESS CITY-SI-7/P BARTOW FL 33830 CITY ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME CRAWFORD, J D NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 adaptment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDINESS

SIGNATURE:

206 NE 5TH STREET

MULBERRY FL 33860

STREET ADDRESS

CITY - ST- ZIP

NATURE AND THE OR PRINTED NAME OF STRINGS OFFICER OF ORDER TO

Jimmy Mathis, Pres. Feb 2, 2007

863-425-1961

FILED