

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

**APPROVED
AND
FILED**

DOCUMENT # F93000001118 (9)

95 APR 11 PM 1:43

1. Corporation Name

ANDERSON CHEMICAL COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 APR 11 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 4507
MACON GA 31213

P.O. BOX 4507
MACON GA 31213

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/01/1993

3a. Date of Last Report
03/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1986742

Applied For

Net Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	KNOWLES, DAVID
STREET ADDRESS	1840 WATERVILLE ROAD
CITY - ST - ZIP	MACON GA
TITLE	DV
NAME	BROWN, LARRY
STREET ADDRESS	1840 WATERVILLE ROAD
CITY - ST - ZIP	MACON GA
TITLE	TSDV
NAME	WALKEMEYER, WILLIAM B
STREET ADDRESS	1840 WATERVILLE ROAD
CITY - ST - ZIP	MACON GA
TITLE	CD
NAME	ANDERSON, R. K
STREET ADDRESS	1840 WATERVILLE ROAD
CITY - ST - ZIP	MACON GA 31208
TITLE	D
NAME	DROLL, JOSEPH
STREET ADDRESS	1840 WATERVILLE ROAD
CITY - ST - ZIP	MACON GA 31208
TITLE	D
NAME	SCHUCKERT, SAM
STREET ADDRESS	1840 WATERVILLE ROAD
CITY - ST - ZIP	MACON GA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

Delete

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William B. Walkemeyer* **William B Walkemeyer** 3-3-95 912.7450466
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Typed Name)