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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P29181** **(5)**

1. Corporation Name

CHEM NUT, INC.

Principal Place of Business	Mailing Address
1918 LEDO ROAD ALBANY GA 31707-1830	1918 LEDO ROAD ALBANY GA 31707-1830

3. Date Incorporated or Qualified: **05/02/1990**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **58-1205186** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

MALTBY, RAY
815 MIMOSA DR.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Jim Slauson
82 Street Address (P.O. Box Number is Not Acceptable):
83: 9291 Cypress Wood Drive
84 City: Lake Wales **FL** 85 Zip Code: 33853

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: Jim Slauson DATE: 3/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	CFO	☐ Change ☑ Addition
NAME	HARPOLE, CARROLL F.		1.2 NAME	Keith Hutchins	
STREET ADDRESS	1918 LEDO ROAD		1.3 STREET ADDRESS	1918 Ledo Road	
CITY-ST-ZIP	ALBANY GA		1.4 CITY-ST-ZIP	Albany GA 31707	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONOLY, ROBERT B.		2.2 NAME		
STREET ADDRESS	1918 LEDO ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALBANY GA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEIPFERT, JIMBO		3.2 NAME		
STREET ADDRESS	1918 LEDO RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALBANY GA		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DONALD		4.2 NAME		
STREET ADDRESS	1918 LEDO RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALBANY GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DOLLAR, HUBERT		5.2 NAME		
STREET ADDRESS	1918 LEDO RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALBANY GA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, BOREE		6.2 NAME		
STREET ADDRESS	1918 LEDO RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALBANY GA		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(k), 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: [signature] 3/25/96 (912) 883-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #