# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 11, 2000 8:00 am**
**Secretary of State**
02-11-2000 90040 030 ***150.00

DOCUMENT # P29181

1. Entity Name

CHEM NUT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1918 LEDO ROAD<br>ALBANY GA 31707-1830 | 1918 LEDO ROAD<br>ALBANY GA 31707-1830 |

712121

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

**6. Name and Address of Current Registered Agent**

LIVENGOOD, LARRY L
6902 HAYTER DRIVE
LAKELAND FL 33813

**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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HARPOLE, CARROLL F.<br>1918 LEDO ROAD<br>ALBANY GA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CONOLY, ROBERT B.<br>1918 LEDO ROAD<br>ALBANY GA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEIPFERT, JIMBO<br>1918 LEDO RD<br>ALBANY GA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Liipfert | ☒ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>BROWN, DONALD<br>1918 LEDO RD<br>ALBANY GA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRINSON, LANIER<br>1918 LEDO RD<br>ALBANY GA 31707 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WATSON, BOREE<br>1918 LEDO RD<br>ALBANY GA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V Pres<br>Greg Fowler<br>1918 Ledo Road<br>Albany, Ga 31707 | ☐ Change ☒ Add |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert B. Conoly 2-2-00 912-883-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #