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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:53

DOCUMENT # 143473 (7)

1. Corporation Name
FLORIDA CHEMICAL COMPANY, INC.

Principal Place of Business	Mailing Address
~~475 DAKOTA AVENUE N~~ ~~P O BOX 997~~ 351 WINTER HAVEN BLVD NE ~~LAKE ALFRED FL 33850~~ WINTER HAVEN FL 33881	~~475 DAKOTA AVENUE N~~ ~~P O BOX 997~~ ~~LAKE ALFRED FL 33850~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/27/1944	3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-0530833	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 none	26 none
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country: USA
29 Zip	30 Country: USA

9. Name and Address of Current Registered Agent

SCHULZ,H E
~~N. DAKOTA AVENUE & E. TANGERINE~~
P.O. BOX 997
WINTER HAVEN FL. 33850

10. Name and Address of New Registered Agent

81 Name	none
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHULZ,H E	1.2 NAME	
STREET ADDRESS	2920 E. LAKE HARTRIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL.	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHULZ, HELENE P	2.2 NAME	
STREET ADDRESS	2920 E LAKE HARTRIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL.	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHULZ, PAUL W.	3.2 NAME	
STREET ADDRESS	3542 HARBOR CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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: H.E. Schulz 1/11/95 (813) 294-8483
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0440434 FP