

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 143473 (7)

1. Corporation Name  
FLORIDA CHEMICAL COMPANY, INC.



Principal Place of Business  
351 WINTERHAVEN BLVD NE  
WINTER HAVEN FL 33881  
US

Mailing Address  
351 WINTERHAVEN BLVD NE  
WINTER HAVEN FL 33881  
US

3. Date Incorporated or Qualified 11/27/1944 3a. Date of Last Report 01/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0530833	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SCHULZ, H E  
P.O. BOX 997  
WINTER HAVEN FL. FL 33850

10. Name and Address of New Registered Agent

81 Name	H. E. SHULZ
82 Street Address (P.O. Box Number is Not Acceptable)	351 WINTER HAVEN BLVD NE
83	
84 City	WINTER HAVEN
85 Zip Code	FL 33881

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or printed name of registered agent if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHULZ, H E	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2920 E. LAKE HARTRIDGE	1.2 NAME	
STREET ADDRESS	WINTER HAVEN FL.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST	1.4 CITY - ST - ZIP	
TITLE	SCHULZ, HELENE P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2920 E LAKE HARTRIDGE	2.2 NAME	
STREET ADDRESS	WINTER HAVEN FL.	2.3 STREET ADDRESS	
CITY - ST - ZIP	VD	2.4 CITY - ST - ZIP	
TITLE	SCHULZ, PAUL W.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3542 HARBOR CIR	3.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96  
Date

813 294 8483  
Daytime Phone #

CR2E034 (12/95)