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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90145 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 143473

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1944

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State

23 Zip **25** Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent

**SCHULZ, H E
351 WINTER HAVEN BLVD NE
WINTER HAVEN FL FL 33881**

10. Name and Address of New Registered Agent

81 Name

PAUL SCHULZ

82 Street Address (P.O. Box Number is Not Acceptable)

351 WINTER HAVEN BLVD NE

83

84 City

WINTER HAVEN

FL

85 Zip Code

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 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 reinstating)

DATE

2/1/99

12. OFFICERS AND DIRECTORS

TITLE	PD	XX DELETE
NAME	SCHULZ, H E	
STREET ADDRESS	2920 E. LAKE HARTRIDGE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ST	XX DELETE
NAME	SCHULZ, HELENE P	
STREET ADDRESS	2920 E LAKE HARTRIDGE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	XX DELETE
NAME	SCHULZ, PAUL W.	
STREET ADDRESS	3542 HARBOR CIR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	XX Change <input type="checkbox"/> Addition
1.2 NAME	PAUL SCHULZ	
1.3 STREET ADDRESS	351 WINTER HAVEN BLVD NE	
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARLA S HARDY	
2.3 STREET ADDRESS	1700 KINSINGTON PLACE	
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35209	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LAURANG SCHULZ PLAGE	
3.3 STREET ADDRESS	4 MOUNT VERNON PLACE	
3.4 CITY-ST-ZIP	ASHEVILLE, NC 28804	
4.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAROLEE ANN SCHULZ	
4.3 STREET ADDRESS	351 WINTER HAVEN BLVD NE	
4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
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		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 (941) 294-8483

CR2E034 (11/98)