2007 FOR PROFIT CORPORATION

Jan 19, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # 143473** 01-19-2007 90024 037 ***150.00 FLORIDA CHEMICAL COMPANY, INC. Principal Place of Business Mailing Address 351 WINTERHAVEN BLVD NE 351 WINTERHAVEN BLVD NE 50000688 WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-0530833 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSHUA SHIVELY CCHULZ, PAUL Street Address (P.O. Box Number is Not Acceptable) 351 WINTER HAVEN BLVD NE WINTER HAVEN FL., FL 33881 City Zip Code 8. The above named entity submits this sta anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regi KIBVINC . A AUHEOI SIGNATURE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ☐ Addition HARDY, CARLA S NAME NAME STREET ADDRESS 1111 BRYN MAWR STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOURNE, LAURA X 5 NAME NAME 138 CAMBRIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ASHEVILLE, NC 28804 CITY-ST-ZIP do ⊅ TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHULZ, PAUL W. NAME NAME STREET ADDRESS 351 WINTER HAVEN BLVD NE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP VCD-PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SNIVELY, JOSHUA A NAME NAME 351 WINTER HAVEN BLVD., NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 338819432 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the inform of the cornoration dr the rece changed, or on an

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition

FILED