

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 # 300665 (7)
1. Corporation Name
WHISK CHEMICAL COMPANY



Principal Place of Business

222 S. COMBE RD.
POB 1333
LAKELAND FL 33802
US

Mailing Address

P.O. BOX 1333
POB 1333
LAKELAND FL 33802
US

3. Date Incorporated or Qualified
01/05/1966

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

21 3108 ATLANTIC AVE

2a. Mailing Address

26 P.O. BOX 97

4. FET Number

59-1110299

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 EATON PARK

City & State

28 EATON PARK

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33840

25 POLIC

29 33840

30 POLIC

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FORSYTHE, DALE E JR.
1227 HONEYTREE LANE
LAKELAND, FL
33801

10. Name and Address of New Registered Agent

81 Name

JAMES P. BROWN

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

1334 TIMBERIDGE LOOP SOUTH

83

84 City

LAKELAND

85 State

FL

86 Zip Code

33809

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

JAMES P. BROWN

JAMES P. BROWN

4-30-96

(Signature, type or print name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FORSYTHE, DALE E.	
STREET ADDRESS	1227 HONEYTREE LANE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORSYTHE, DALE E	
STREET ADDRESS	1227 HONEYTREE LANE	
CITY-ST-ZIP	LAKELAND, FL 00000	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES P. BROWN	
1.3 STREET ADDRESS	1334 TIMBERIDGE LOOP S.	
1.4 CITY-ST-ZIP	LAKELAND FL 33809	
2.1 TITLE	SEC. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	A. JACQUELINE BROWN	
2.3 STREET ADDRESS	1334 TIMBERIDGE LOOP S.	
2.4 CITY-ST-ZIP	LAKELAND, FL 33809	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 on an attachment with an address.

SIGNATURE:

JAMES P. BROWN

(Signature and typed or printed name of signing officer or director)

4-30-96

Date

941-665-6534

Daytime Phone

CR2E034 (12/95)