

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 300665 (7)
1. Corporation Name
WHISK CHEMICAL COMPANY

FILED

97 AUG 11 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3108 ATLANTIC AVE
POB 1833
EATON PARK FL 33840
US

Mailing Address
PO BOX 97
POB 1333
EATON PARK FL 33840
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3108 Atlantic Ave
Suite, Apt. #, etc.
22
City & State
23 Eaton Park FL
Zip
24 33840
Country
25 USA

2a. Mailing Address
26 P.O. Box 97
Suite, Apt. #, etc.
27
City & State
28 Eaton Park, FL
Zip
29 33840-0097
Country
30 USA

3. Date Incorporated or Qualified 01/05/1966	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1110299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BROWN, JAMES P
1334 TIMBERIDGE LOOP SOUTH
LAKELAND, FL
33809

10. Name and Address of New Registered Agent
81 Name
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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, JAMES P	
STREET ADDRESS	1334 TIMBERIDGE LOOP SOUTH	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BORWN, A. JACQUELINE	
STREET ADDRESS	1334 TIMBERIDGE LOOP SOUTH	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, James P.	
1.3 STREET ADDRESS	1334 Timberidge Lps	
1.4 CITY-ST-ZIP	Lakeland, FL 33809	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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
SIGNATURE REQUIRED
James P. Brown 8-30-97

CR2E034 (4/97)

pg. 2

August 4, 1997


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32302

RE: Whisk Chemical Company
1997 Annual Report

Ladies & Gentlemen,

We were surprised to receive a second notice for our 1997 Annual Report. Our records indicate that this report was filed timely. However our check has not cleared the bank. Please accept this report along with a reissued check in lieu of our previous report. If you should require additional information regarding the same please call Jim Brown at (941) 665-6534.

Sincerely,



James P. Brown
President