

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:29

DOCUMENT # **360591** (2)
1. Corporation Name
CARROLL CHEMICAL, INC.

Principal Place of Business	Mailing Address
1835 1/2 S RIDGEWOOD PO BOX 4317 S DAYTONA FL 32121-1317	1835 1/2 S RIDGEWOOD PO BOX 4317 S DAYTONA FL 32121-1317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/05/1970	3a. Date of Last Report 04/15/1994
4. FEI Number 59-1285471	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIRLEY, CARROLL 926 PINEAPPLE ROAD SOUTH DAYTONA FL 32119	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, MADISON E JR	1.2 NAME	
STREET ADDRESS	926 PINEAPPLE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, SHIRLEY L	2.2 NAME	
STREET ADDRESS	926 PINEAPPLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, SHIRLEY L	3.2 NAME	
STREET ADDRESS	926 PINEAPPLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, DEBORAH L.	4.2 NAME	
STREET ADDRESS	2401 S PALMETTO	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, MADISON JR.	5.2 NAME	
STREET ADDRESS	926 PINEAPPLE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shirley Carroll* Shirley Carroll Sec/Treas 3/13/95 904-767-8026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City/State/Phone #)