

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 360591 (2)**

1. Corporation Name  
**CARROLL CHEMICAL, INC.**



Principal Place of Business <b>1835 1/2 S RIDGEWOOD PO BOX 4317 S DAYTONA FL 32121-4317 US</b>	Mailing Address <b>1835 1/2 S RIDGEWOOD PO BOX 4317 S DAYTONA FL 32119-2236 US</b>
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3. Date Incorporated or Qualified <b>03/05/1970</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>59-1285471</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> P.O. Box 214317
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. <b>32121-4317</b>
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SHIRLEY, CARROLL  
926 PINEAPPLE ROAD  
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARROLL, MADISON E JR	
STREET ADDRESS	926 PINEAPPLE RD	
CITY - ST - ZIP	SOUTH DAYTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARROLL, SHIRLEY L	
STREET ADDRESS	926 PINEAPPLE RD	
CITY - ST - ZIP	SOUTH DAYTONA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CARROLL, SHIRLEY L.	
STREET ADDRESS	926 PINEAPPLE RD	
CITY - ST - ZIP	SOUTH DAYTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONRAD, DEBORAH L.	
STREET ADDRESS	2401 S PALMETTO	
CITY - ST - ZIP	SOUTH DAYTONA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARROLL, MADISON JR.	
STREET ADDRESS	926 PINEAPPLE RD	
CITY - ST - ZIP	SOUTH DAYTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input 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 contained 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: **Shirley Carroll** *Shirley Carroll Sec* **4/29/97** **904-767-8026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)