

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

288200

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90099 011 ***150.00

DOCUMENT # 360591

1. Corporation Name CARROLL CHEMICAL, INC.



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

Mailing Address PO BOX 214317 S DAYTONA FL 32121-4317 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified 03/05/1970

4. FEI Number 59-1285471 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 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: Shirley Carroll Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	
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	
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	DV
NAME	CONRAD, DEBORAH L.	4.2 NAME	Carroll, Janeen
STREET ADDRESS	2401 S PALMETTO	4.3 STREET ADDRESS	2054 Oak Meadow
CITY-ST-ZIP	SOUTH DAYTONA FL	4.4 CITY-ST-ZIP	South Daytona, FL 32119
TITLE	V	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Shirley Carroll SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/14/99 DAYTIME PHONE #: 904-767-8026

CR2E034 (1/98)