Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90028 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 389689

1. Corporation Name

DECICION CHEMICALS INC

PHECISI	UN CHEWICALS, INC.							
Principal Place of Business Mailing Address						. (100100 11101 1015 1815 0150 1010 1011 1011	11 0 11 31011 01011 0	1917 87811 1881
3716 CRAWFORDVILLE HWY P.O. BOX 3965								
TALLAHASSEE FL 32310 TALLAHASSE FL 32315						DO NOT WRITE IN THIS	CDACE	
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						10/13/1971		· [
Principal Place of Business						4. FEI Number	An	plied For
						59-1365312	<u> </u>	t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	
22 27						5. Certificate of Status Desired	Fee Re	- ;
City & State City & State						6. Election Campaign Financing	\$5.00	Mav Be
23		28	•			Trust Fund Contribution	Added t	
Zip Country Zip			Country			8. This corporation owes the current year In	tangible	1
24	25 29 30					Personal Property Tax. ✓ Yes □No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	Agent	
			81	I Name				
CAMPBELL, DAN M. JR.				Street	Addres	ss (P.O. Box Number is Not Acceptable)		
2289 SURF ROAD								
A-5			83	3				
PANACEA FL 32346			84	City			85 Zip (Code
						Fl	- <u> </u>	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by	/ the cord	corpor oration	ation submits this statement for the purpose o 's board of directors. I hereby accept the appo	f changing its intment as re	registered gistered
SIGNATURE						when reinstating) DATE		
40	Signature, typed or printed name of registered age	······································	egistered Age	ent signature	required v	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.			1.1 TITLE		i	ADDITIONAL PROPERTY OF THE PRO	Change	Addition
	CAMPBELL, DAN M JR		1.2 NAME		-			1
NAME	- 0			TADDRESS				1
STREET ADORESS								
CITY-ST-ZIP				ST-ZIP	+		[] Change	Addition
TITLE	·	المالية	2.1 TITLE 2.2 NAME				_ v	_
NAME				T ADDRESS				
STREET ADDRESS	255]			ST-ZIP	1			
CITY-ST-ZIP	DELETE			31-2ar	1		☐ Change	☐ Addition
NAME			3.1 TITLE 3.2 NAME					
STREET ADDRESS				ET ADDRESS				1
CITY-ST-ZIP			3.4. CITY-					
TITLE	DELETE		4.1 TITLE		 		Change	Addition
NAME		_	4. 2 NAME	:				-
STREET ADDRESS	[- Et address		ď		
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE		1		Change	Addition
NAME		_	5.2 NAME					
STREET ADDRESS			1	ET ADDRESS	:			
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITUE		1		Change	Addition
NAME			6.2 NAME					Í

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 comporation 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 charged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

850-576-3334