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

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90109 001 ***150.00

DOCUMENT # 415827 1. Corporation Name

WEBB CHEMICAL CO., INC.

Principal Place of Business Mailing Address									
1042 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406-5113 US		P O BX 2291 POMPANO BCH FL 33061 US		DO NOT WRITE IN THIS SPACE					
••					Date Incorporated or Qualifed 01/02/1973				
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For			
21		26			59-1443210	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29 30	Country	,	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No			
1	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent				
				Name					
SCHICHTEL, WILLIAM L. 430 SOUTH DIXIE HIGHWAY, WEST POMPANO BEACH FL 330 6 0				82 Street Address (P.O. Box Number is Not Acceptable) 83					
			84	City	Fi	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	f applicable. (NOTE:	Registered Agent signature requ	lired when reinstating)	DATE		·
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHAN	DDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	DS	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SCHICHTEL, WILLIAM L SR		1.2 NAME				ļ
STREET ADDRESS	430 S DIXIE HWY WEST		1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BCH FL 33060		1.4 CITY-ST-ZIP				
TITLE	DP	☐ DELETE	2.1 TITLE		•	Change	Addition
NAME	SCHICHTEL, ROBERT		2.2 NAME				
STREET ADDRESS	430 S. DIXIE HWY. W.		2.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-ST-ZIP				
TITLE	-DV	DELETE	3.1 TITLE			Change	Addition
NAME	HAFLEY, ROBERT M		3.2 NAME	•			
STREET ADDRESS	430 S DIXIE HWY WEST		3.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4. CITY-ST-ZIP				
TITLE	D	ELETE	4.1 TITLE			Change	lion
NAME	SCHICHTEL, DOROTHY E		4. 2 NAME				
STREET ADDRESS	430 S. DIXIE HWY. W.		4.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	•			
TITLE	DVT	☐ DELETE	5.1 TITLE			unange	Jdition
NAME	LEARY, WILLIAM SR		5.2 NAME				
STREET ADDRESS	430 S. DIXIE HWY. W.		5.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	-		C Olleran	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				}
City, St. 7ID	[6.4 CITY - ST - ZIP				ļ

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:



CR2E034 (11/98)