

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997-98 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

98 JUL 30 AM 10:45

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA



DOCUMENT # 758926 (0)
 1. Corporation Name
CYANAMID EMPLOYEES ACTIVITY ASSOCIATION, INC.

| | |
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| Principal Place of Business 1801 CYANAMID ROAD MILTON FL 32570 US | Mailing Address 1801 CYANAMID ROAD MILTON FL 32570 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 2. Principal Place of Business 21 5005 STERLING WAY | 2a. Mailing Address 26 5005 STERLING WAY | 3. Date Incorporated or Qualified 06/25/1981 | 3a. Date of Last Report 04/25/1996 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2364228 | Applied For Not Applicable |
| City & State 23 PACE FL | City & State 28 PACE FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 32571 | Country 25 USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 29 32571 | Country 30 USA | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|---|-----------|--|--|
| 9. Name and Address of Current Registered Agent MARMASH, JOHN P. 1801 CYANAMID ROAD MILTON FL 32571 | | 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jack Marmash* **Jack Marmash** **7/29/98**
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 | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLM, DOUG | 1.2 NAME | |
| STREET ADDRESS | 5363 STAFFORD CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACE FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARMASH, JOHN P. | 2.2 NAME | |
| STREET ADDRESS | 3916 TONBRIDGE CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARPENTER, BILL | 3.2 NAME | |
| STREET ADDRESS | 5818 WOODDUCK | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACE FL | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | JENNINGS, ROBERT P | 4.2 NAME | |
| STREET ADDRESS | 4845 CHRISTY LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, MIKE | 5.2 NAME | |
| STREET ADDRESS | 1997 NORTH ROBERTS CIR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | |

REINSTATEMENT *7/30/98*

100002606301--5
 08/04/98-01011-001
 *****297.50 *****297.50

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 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE *DOUG HOLM* **DOUG HOLM** **6/16/98** **850-644-3525**

CR2E037 (4/97)