

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90058 006 ***150.00

0657930

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 804463
 1. Corporation Name
ARIZONA CHEMICAL COMPANY



Principal Place of Business 6400 POPLAR AVE 1001 E BUS HWY 98 PANAMA CITY FL 32401 US	Mailing Address 6400 POPLAR AVE. ATTEN: TAX DEPT MEMPHIS TN 38197 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

3. Date Incorporated or Qualified 10/29/1935	4. FEI Number 13-0445587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOWELL, LARRY	1.2 NAME	THOMAS KLIMAN
STREET ADDRESS	1001 E BUSINESS HWY 98	1.3 STREET ADDRESS	6400 POPLAR AVENUE
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	MEMPHIS, TN 38197
TITLE	AST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, THOMAS	2.2 NAME	
STREET ADDRESS	1001 E BUSINESS HWY 98	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32340	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDERNA, JAMES A	3.2 NAME	
STREET ADDRESS	1001 E BUSINESS HWY 98	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEGAN, JOHN	4.2 NAME	JOHN FINNEGAN
STREET ADDRESS	6400 MANHATTANVILLE RD	4.3 STREET ADDRESS	6400 POPLAR AVENUE
CITY-ST-ZIP	MEMPHIS TN 38197	4.4 CITY-ST-ZIP	MEMPHIS, TN 38197
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEDRY, JAMES	5.2 NAME	
STREET ADDRESS	2 MANHATTANVILLE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PURCHASE NY	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, ARTHUR	6.2 NAME	ELLEN MCHAUGHLIN
STREET ADDRESS	TWO MANHATTANVILLE ROAD.	6.3 STREET ADDRESS	TWO MANHATTANVILLE ROAD
CITY-ST-ZIP	PURCHASE, NY.	6.4 CITY-ST-ZIP	PURCHASE, NY 10577

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: *John Finnegan* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN FINNEGAN** Date **4/29/99** Daytime Phone # **901-763-6000**

CR2E034 (11/98)