

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90003 038 \*\*\*150.00

0118090

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F93000001118** ✓

1. Corporation Name  
**ANDERSON CHEMICAL COMPANY, INC.**



Principal Place of Business: P.O. BOX 4507, MACON GA 31213  
 Mailing Address: P.O. BOX 4507, MACON GA 31213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/01/1993**

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-30)  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip (24, 29) **31208** Country (25, 30)

4. FEI Number **58-1986742** 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.  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TSDV</b>	<input type="checkbox"/> DELETE
NAME	<b>WALKEMEYER, WILLIAM B</b>	
STREET ADDRESS	<b>1840 WATERVILLE ROAD</b>	
CITY-ST-ZIP	<b>MACON GA</b>	
TITLE	<b>CEOP</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, R. K</b>	
STREET ADDRESS	<b>1840 WATERVILLE ROAD</b>	
CITY-ST-ZIP	<b>MACON GA 31206</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, CHARLIE</b>	
STREET ADDRESS	<b>1840 WATERVILLE RD.</b>	
CITY-ST-ZIP	<b>MACON GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LANGSTON, TERRY V</b>	
STREET ADDRESS	<b>1840 WATERVLTE RD</b>	
CITY-ST-ZIP	<b>MACON GA 31206</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: B. Walkemeyer Date: **7-2-99** Daytime Phone #: **(912) 745-0466**

CR2E034 (5/99)

F93000001118  
588554-90003-38



2-Jul-99

Department of State  
Division of Corporations  
Annual Reports Filings  
P. O. Bxo 1500  
Tallahassee, FL 32302-1500

RE: Profit Corporation Annual Report for 1999

Dear Carol:

As instructed by you in our telephone conversation of this date, I have attached the referenced report and the \$150 standard fee.

I repeat here that today, July 2, 1999, is the first time a 1999 form of this type was received by Anderson Chemical Company, Inc. Unfortunately, the form we have just received today and are filing immediately, is apparently the second 1999 form sent to us by your department. I assure you that had the original form been received by us, it would have been filed in a timely manner.

Thank you so much for understanding my situation and allowing me to file the return immediately without suffering the \$400 penalty required of corporations who intentionally ignore your deadline. If you check our past record, I am certain you will see that your confidence in our good intentions is well warranted by proper past performance.

Thanks again.

Sincerely yours,  
Anderson Chemical Company, Inc.

A handwritten signature in black ink, appearing to read "Gwen Witherell", is written over a horizontal line.

Gwen Witherell,  
Accountant

Attachments