

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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H27389** (6)
1. Corporation Name
CLEARWATER CHEMICAL CORPORATION

Principal Place of Business P.O. BOX 6865 CLEARWATER FL 34618-6865 US	Mailing Address P.O. BOX 6865 CLEARWATER FL 34618-6865 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1984	
21		26		4. FEI Number 59-2467642	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent WALDER, KEITH 1575 SUNSHINE DRIVE CLEARWATER FL 34625				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALDER, THOMAS B.			1.2 NAME	STARTIES, G. J.		
STREET ADDRESS	462 BOWDOIN CIRCLE			1.3 STREET ADDRESS	3520 ADAMO DRIVE		
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP	TAMPA, FL		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALDER, KEITH A.			2.2 NAME	HOL, G.W.		
STREET ADDRESS	328 WINDWARD ISLAND			2.3 STREET ADDRESS	3520 ADAMO DRIVE		
CITY-ST-ZIP	CLEARWATER BEACH FL			2.4 CITY-ST-ZIP	TAMPA, FL		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	NADIN, M.D.		
STREET ADDRESS				3.3 STREET ADDRESS	3520 ADAMO DRIVE		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	TAMPA, FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	LINDE, RONALD J.		
STREET ADDRESS				4.3 STREET ADDRESS	3520 ADAMO DRIVE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	TAMPA, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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			

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: *[Signature]* 1-23-98 813-242 7354

CR2E034 (10/97)