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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

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DOCUN 1. Corporation	MENT # Name	M64607		,	-							
MAYO C	HEMICAL, INC											
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Principal Place	of Business		Mailing Add					•				
RR 3 BOX 47H MONTICELLO FL 32344 RR 3 BOX 47H MONTICELLO FL 32344												i
MONTICELLO FI	L 32344		MONTICELLO) FL 32344				DO NOT WR	ITE IN THIS S	SPACE		
								3. Date Incorporated or Qualifed 01/13/1988				
2. Principal Pl	ace of Business		2a. Mailing	Address				4. FEI Number		A	pplied For	
21			26					59-2868013			lot Applicable	₽
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	Additional	
22			27		_			C. Common of Charles		Fee F	Required	
City & State) <u></u>		City 8:5	State				6. Election Campaign Financing			May Be	
23			28					Trust Fund Contribution			to Fees	
Zip		ountry	Zip	Г	Count	try		8. This corporation owes the cur		ngible □Yes	□No	1 1
24	25		29		10			Personal Property Tax. 10. Name and Address of New				⊣ ¦
	9. Name and A	ddress of Current I	registereu Ağ	Jent		31 Nan	ne	To. Papino una ricatogo el itoto		- <u>9</u>		۱ ۲
WAL	KER, SYLVIA A.											_ ;
RT. 3, BOX 47-H (U.S. 27)					8	32 Stre	et Addre	ss (P.O. Box Number is Not Accept	able)			}
	ITICELLO FL 323				a	33						
					L			•		11.2.		
					8	34 City			FL	85 Zip	Code	}
					- 1	- 1						
14 Durement t	to the provisions of	Sections 607 0502 a	and 607.1508.	Florida Statutes	the abo	ove-nam	ed como	ration submits this statement for the	purpose of c	changing it	s registered	- '
11. Pursuant office or re	to the provisions of egistered agent, or	Sections 607.0502 a both, in the State of	and 607.1508, Florida. Such	Florida Statutes change was aut	the about	ove-nam by the co	ed corpo orporation	ration submits this statement for the n's board of directors. I hereby acce	e purpose of co ppt the appoin	thanging it tment as r	s registered egistered	
	to the provisions of egistered agent, or m familiar with, and	Sections 607.0502 aboth, in the State of accept the obligation	and 607.1508, Florida. Such ins of, Section	Florida Statutes change was aut 607.0505, Florid	the about the theorized by the statute of the statu	ove-nam by the co es.	ed corpo orporation	ration submits this statement for the n's board of directors. I hereby access	purpose of cept the appoin	changing it tment as r	s registered egistered	
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		ے ح	Multie if applicable. DIRECTORS	A. Wal	الاء				- <u>) </u>	9 DIRECT	ORS IN 12	_ ا
SIGNATURE	Signature typed or printed	I name of registered agent a OFFICERS AND	Multie if applicable. DIRECTORS	A. Wal	Registered A	gent signati		when reinstating)	- <u>) </u>	9	ORS IN 12	(11/98)
SIGNATURE	Signature Apped or printed D WIEHAUS, DON	I name of registered agent a OFFICERS AND	Multie if applicable. DIRECTORS	A. Wal	Registered A	gent signati		when reinstating)	- <u>) </u>	9 DIRECT	ORS IN 12	(11/98)
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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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:



4-20-99

912-346-3561