


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90010 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02021					
1. Corporation Name FLORIDA MANUFACTURING AND CHEMICAL COUNCIL, INC.					
Principal Place of Business C/O NANCY STEPHENS 315 S. CALHOUN ST. STE 300 TALLAHASSEE FL 32301 US			Mailing Address C/O NANCY STEPHENS 315 S CALHOUN ST. STE 300 TALLAHASSEE FL 32301 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/16/1984	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2422852	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STEPHENS, NANCY 315 S. CALHOUN ST., SUITE 300 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WILEY, JOHN G.				
STREET ADDRESS	3000 CHEMSTRAND ROAD				
CITY-ST-ZIP	GONZALEZ FL				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	POSEY, STAN				
STREET ADDRESS	CTY RD 137				
CITY-ST-ZIP	WHITE SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	VAN DUYN, BILL				
STREET ADDRESS	2051 N LANE AVE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	STD	<input checked="" type="checkbox"/> DELETE			
NAME	KING, GABRIELLE				
STREET ADDRESS	1007 MARKET ST				
CITY-ST-ZIP	WILMINGTON DE				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	CRAWFORD, BRAD				
STREET ADDRESS	2400 ELLIS RD				
CITY-ST-ZIP	DURHAM NC 27703				
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 617, 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:

BRAD CRAWFORD
SECRETARY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (919) 990-7540
Date Daytime Phone #

CR2E037 (11/98)