

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34884 (7)**
1. Corporation Name
CHEMICAL LIME COMPANY OF ALABAMA, INC.



Principal Place of Business: **3700 HULEN FT. WORTH TX 76107 US**
Mailing Address: **P.O. BOX 121874, N/A FT. WORTH TX 76121-1874 US**

3. Date Incorporated or Qualified: **07/31/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	63-1002780	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	28
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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

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	PD	1.1 TITLE
NAME	CHAMBERS, TOM	1.2 NAME
STREET ADDRESS	3700 HULEN	1.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX 76107	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE
NAME	BERGHMANS, JEAN-PIERRE	2.2 NAME
STREET ADDRESS	3700 HULEN	2.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE
NAME	LHOIST, LEON-ALBERT	3.2 NAME
STREET ADDRESS	3700 HULEN	3.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX	3.4 CITY-ST-ZIP
TITLE	VP	4.1 TITLE
NAME	PAYNE, JOE	4.2 NAME
STREET ADDRESS	3700 HULEN	4.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX	4.4 CITY-ST-ZIP
TITLE	T	5.1 TITLE
NAME	BILLIAN, ANN S.	5.2 NAME
STREET ADDRESS	3700 HULEN	5.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX	5.4 CITY-ST-ZIP
TITLE	CD	6.1 TITLE
NAME	CHAMBERS, TOM	6.2 NAME
STREET ADDRESS	3700 HULEN	6.3 STREET ADDRESS
CITY-ST-ZIP	FT. WORTH TX	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ann S. Billian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann S. Billian Date 3/21/96 Phone 817-52-8164

CR2E034 (12/95)