

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

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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: **04/16/1996**  
4. FEI Number: **63-1002780**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM  
110 NORTH MAGNOLIA STREET  
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  
85 Zip Code: **FL**

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 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>P</b>
NAME	<b>CHAMBERS, TOM</b>	1.2 NAME	<b>DAVID M. REILLY</b>
STREET ADDRESS	<b>3700 HULEN</b>	1.3 STREET ADDRESS	<b>3700 HULEN</b>
CITY - ST - ZIP	<b>FT. WORTH TX 76107</b>	1.4 CITY - ST - ZIP	<b>FORT WORTH, TX 76107</b>
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>BERGHMANS, JEAN-PIERRE</b>	2.2 NAME	
STREET ADDRESS	<b>3700 HULEN</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WORTH TX</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	
NAME	<b>LHOIST, LEON-ALBERT</b>	3.2 NAME	
STREET ADDRESS	<b>3700 HULEN</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WORTH TX</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	4.1 TITLE	
NAME	<b>PAYNE, JOE</b>	4.2 NAME	
STREET ADDRESS	<b>3700 HULEN</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WORTH TX</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b>	5.1 TITLE	
NAME	<b>BILLIAN, ANN S.</b>	5.2 NAME	
STREET ADDRESS	<b>3700 HULEN</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WORTH TX</b>	5.4 CITY - ST - ZIP	
TITLE	<b>CD</b>	6.1 TITLE	
NAME	<b>CHAMBERS, TOM</b>	6.2 NAME	
STREET ADDRESS	<b>3700 HULEN</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WORTH TX</b>	6.4 CITY - ST - ZIP	

14. I do 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: *Ann S. Billian* **Ann S. Billian, Treasurer** 01/10/97 817/732-8164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)