

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90061 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34884

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 985004 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 07/31/1991	4. FEI Number 63-1002780	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REILLY, DAVID M.	
STREET ADDRESS	3700 HULEN	
CITY-ST-ZIP	FT. WORTH TX 76107	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERGHMANS, JEAN-PIERRE	
STREET ADDRESS	3700 HULEN	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LHOIST, LEON-ALBERT	
STREET ADDRESS	3700 HULEN	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EHLE, JAMES L.	
STREET ADDRESS	3700 HULEN	
CITY-ST-ZIP	FT. WORTH TX 76107	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BILLIAN, ANN S.	
STREET ADDRESS	3700 HULEN	
CITY-ST-ZIP	FT. WORTH TX	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, TOM	
STREET ADDRESS	3700 HULEN	
CITY-ST-ZIP	FT. WORTH TX	

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	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	William F. Battershell	
6.3 STREET ADDRESS	3700 Hulen	
6.4 CITY-ST-ZIP	Fort Worth, TX 76107	

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.

SIGNATURE: ANN S. BILLIAN, TREASURER 4-20-99 (817) 732-8164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)