

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000097805

1. Corporation Name  
ASTRO CHEM-DRY, INC.

Principal Place of Business  
2179 WRENS WAY  
CLEARWATER FL 34624

Mailing Address  
2179 WRENS WAY  
CLEARWATER FL 34624

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25. 26. 27. 28. 29. 30.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

CHANDLER, CAROLE A  
2179 WRENS WAY  
CLEARWATER FL 33764

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 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                      | PTD                 | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHANDLER, CHARLES C |   | 1.2 NAME  |
| STREET ADDRESS             | 2179 WRENS WAY      |   | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                | CLEARWATER FL 34624 |   | 1.4 CITY-ST-ZIP   |
| TITLE                      | VSD                 | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHANDLER, CAROLE A  |   | 2.2 NAME  |
| STREET ADDRESS             | 2179 WRENS WAY      |   | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                | CLEARWATER FL 34624 |   | 2.4 CITY-ST-ZIP   |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |   | 3.2 NAME  |
| STREET ADDRESS             |                     |   | 3.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                     |   | 3.4 CITY-ST-ZIP   |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |   | 4.2 NAME  |
| STREET ADDRESS             |                     |   | 4.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                     |   | 4.4 CITY-ST-ZIP   |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |   | 5.2 NAME  |
| STREET ADDRESS             |                     |   | 5.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                     |   | 5.4 CITY-ST-ZIP   |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |   | 6.2 NAME  |
| STREET ADDRESS             |                     |   | 6.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                     |   | 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 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:

*Carole A. Chandler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 (727)536-4790

Daytime Phone #

0417635

CR2E034 (11/98)