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 # **834430** **(1)**

1. Corporation Name
INDUSTRIAL CHEMICALS, INC.

Principal Place of Business
C/O CORDIE V WELCH
210 S.W. MACON STREET
MADISON FL 32340

Mailing Address
C/O CORDIE V WELCH
210 S.W. MACON STREET
MADISON FL 32340

3. Date Incorporated or Qualified: 05/12/1975
3a. Date of Last Report: 02/10/1995

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

4. FEI Number: 63-0583643 — 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

9. Name and Address of Current Registered Agent
WELCH, CORDIE V MRS
~~RT 2 BOX 1178~~ 210 SW. Macon St
MADISON FL 32340 Madison, Fl. 32340
ADDRESS ONLY CHANGED.

NEW ~~Name and~~ Address of ~~New~~ Registered Agent
81 Name: MRS. CORDIE V. WELCH
82 Street Address (P.O. Box Number is Not Acceptable): 210 SW MACON ST
83
84 City: MADISON FL 85 Zip Code: 32340

11. Pursuant to the provisions of Sections 607.0505 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 required for registered agent's acceptance) (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, WILLIAM L.	1.2 NAME	
STREET ADDRESS	2024 MONTREAT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	B'HAM AL	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, LONNIE B. JR.	2.2 NAME	
STREET ADDRESS	2024 MONTREAT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	B'HAM AL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, WILLIAM L.	3.2 NAME	
STREET ADDRESS	2042 MONTREAT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	B'HAM AL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Lonnie B Welch Jr. — 2/12/96 — (205) 823 7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LONNIE B. WELCH, JR.

CR2E034 (12/95)