SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 834430

(1)

FILED

Aug 20 1997 8:00am

Secretary of State

INDUSTRIAL CHEMICALS, INC.					
Principal Plac	e of Business	Mailing Address		-	i
C/O CORDIE V WELCH C/O CORDIE V WELCH					
210 S.W. MACON STREET 210 S.W. MACON STREET MADISON FL 32340 MADISON FL 32340			DO NOT WRIT	TE IN THIS SPACE	
	EV-IV	MADIOON IE GESTO		3. Date Incorporated or Qualified	
				05/12/1975	02/16/1996
	Place of Business	2a. Mailing Address		4. FÉI Number	Applied For
21 2 Sulte, Apt. #, etc.		Suite, Apt. #, etc.		63-0583643	Not Applicable \$8.75 Additional
├		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	······································	28	•	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	
24	25 9. Name and Address of Curr	29 29 29 29 29 29 29 29 29 29 29 29 29 2	[30]	Personal Property Tax due Jun 10. Name and Address of New R	
WELL		our noBiotolog B	81 Name	10. 1101110 0110 11201100 01 1	Influence Whole
WELON, CORDE V				(2.0. Double wher in Not Assess	-1.1-A
	ISON FL 32340		82 Street Addi	ress (P.O. Box Number is Not Accepte	3016)
11N —	IVOIT I L OLY IV		83		
			84 City		85 Zip Code
					FL T
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. Lam 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.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME OFFICE ADDRESS	WELCH, WILLIAM L. 2024 MONTREAT DR.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	2024 MONTHEAT DR. B'HAM AL		1.3 STREET ADDRESS 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 TITLE	B'HAM AL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	***************************************	Change Addition
NAME		Decert	4. 2 NAME		E Olidingo E videncen
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		DELETE	5.4 CITY-81-ZIP	**************************************	Ac., 200
TITLE		☐ DELETE	6.1 TITLE		L. Change L. Addition
NAME CTREET ADDRESS			6.2 NAME		
STREET ADDRESS	e Maria M		6 3 STREET ADDRESS		
CITY-ST-ZIP 14. I do herel	by certify that the information suppl	hed with this filing does not quali	■ 6.4 City-St-ZiP ify for the exemption stated	d in Section 119.07(3)(i), Florida Statut	ies. 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 charged, or on an attachment with an address.					