

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 # **H07308** (0)

1. Corporation Name

CHROMATECH, INC.



Principal Place of Business

**2602 NE 14TH ST
OCALA FL 34470
US**

Mailing Address

**PO BOX 1748
OCALA FL 34478-1748
US**

2. Principal Place of Business

21

Sub: Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Sub: Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ERDMAN, BARBARA J.
3434 S.E. 12TH STREET
OCALA FL 34471**

3. Date Incorporated or Qualified

06/11/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2417641

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

10. Name and Address of New Registered Agent

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 or director)

DATE (Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-STATE-ZIP

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY-STATE-ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY-STATE-ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY-STATE-ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY-STATE-ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY-STATE-ZIP

**PD
ERDMAN, BARBARA J.
3434 S.E. 12TH STREET
OCALA FL
VD
SWANDER, ORVAL
3434 SE 12TH STREET
OCALA FL
ST
SWANDER, ORVAL
3434 SE 12TH ST
OCALA FL**

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13.10 NAME

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13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 checked, or on an attachment with an address.

SIGNATURE: *Barbara J. Erdman* **BARBARA J. ERDMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 (352) 351-0776

DATE DAYTIME PHONE

CR2E034 (12/95)