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 # **P94000028679 (6)**

1. Corporation Name

BRIDGEPORT CHEMICAL GROUP, INC.

Principal Place of Business	Mailing Address
2610 NE 5TH AVE POMPANO BEACH FL 33064	2610 NE 5TH AVE POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: **04/13/1994**
3a. Date of Last Report: **09/11/1995**

2. Principal Place of Business
21 **48 Fisk Drive**
22 Suite, Apt. #, etc.
23 City & State: **Arden, NC**
24 Zip: **28704**
25 Country: **Buncombe**

2a. Mailing Address
26 **P.O. Box 990**
27 Suite, Apt. #, etc.
28 City & State: **Arden, NC**
29 Zip: **28704**
30 Country: **Buncombe**

4. FEI Number: **650489781** ☐ 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

BERGMAN, CARL P SR
2610 NE 5TH AVE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name: **Peter Portley, PA**
82 Street Address (P.O. Box Number is Not Acceptable): **2401 E. Atlantic Blvd.**
83 **Suite 410**
84 City: **Pompano Beach, FL** **FL** 85 Zip Code: **33062**

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: Carl C. Bergman — PETER A. PORTLEY — 7-8-96
Signature, typed or printed name of registered agent and title, if applicable — Print Registered Agent signature required when changing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BERGMAN, CARL P JR 2610 NE 5TH AVE POMPANO BEACH FL 33064	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/T/D Carl Bergman, Jr. 48 Fisk Drive Arden,NC 28704	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS HARDY, DENNIS 2610 NE 5TH AVE POMPANO BEACH FL 33064	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V/S/D Dennis Hardy 48 Fisk Drive Arden,NC 28704	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V/D David Dodson 48 Fisk Drive Arden, NC 28704	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Bank deposit # 233.75	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: Dennis Hardy — **Dennis Hardy, Vice President** — **704-684-3353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #