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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9600007012 (3)

FILED Jan 15 1998 8:00am Secretary of State

CHEMTECH SALES, INC. Principal Place of Business Mailing Address 500 110TH AVE N 500 110TH AVE N **SUITE #216** SUITE #216 DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33716 ST PETERSBURG FL 33716 3. Date incorporated or Qualified 01/19/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 10329 Lightmer Bridge Dr 10329 65-0638029 21 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be lampa lampa Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AVEN, DANIEL R 500 110TH AVE N Street Address (P.O. Box Number is Not Acceptable) 82 -yhtwer **SUITE #216** 83 ST PETERSBURG FL 33716 Zip Code 53626 lampa 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 are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. iquiel RAYON SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE 1.1 TITLE Change ... Addition AVEN, DANIEL R 1.2 NAME NAME Liner Bridge Dr 500 110TH AVE N 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33716 CITY-ST-ZIP 1.4 C(TY - ST - Z(P DELETE Change __ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHY-S1-7/P CITY-ST-2(P DELETE Change Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(1Y - S1 - Z(P CITY - ST - ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-7IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing closs 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 each, 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 chapted, or on an attachment with an address.

CICMATUDE.

David RAM David RAM

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