


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # J49482 (9) 1. Corporation Name CHEMEX PAINT & COATINGS, INC. | | |



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| Principal Place of Business 12290 73RD COURT N. LARGO FL 33773 | Mailing Address 12290 73RD COURT N. LARGO FL 33773 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33773 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33773 | 3. Date Incorporated or Qualified 12/30/1986 4. FEI Number 59-2758748 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent HYER, RAYMOND T. 999 HILLSBORO MILE HILLSBORO BEACH FL 33062 | 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 |
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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 the person signing and the date) (Date) _____

| 12. OFFICERS AND DIRECTORS | |
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| TITLE | CD <input type="checkbox"/> DELETE HYER, RAYMOND T. STREET ADDRESS 999 HILLSBORO MILE CITY-ST-ZIP HILLSBORO BCH FL |
| TITLE | P <input type="checkbox"/> DELETE MALINA, BARTON J STREET ADDRESS 12290 73RD CT. N. CITY-ST-ZIP LARGO FL |
| TITLE | ST <input type="checkbox"/> DELETE POOLE, SEAN W STREET ADDRESS 4161 E. 7TH AVE. CITY-ST-ZIP TAMPA FL |
| TITLE | <input type="checkbox"/> DELETE |
| TITLE | <input type="checkbox"/> DELETE |
| TITLE | <input type="checkbox"/> DELETE |
| TITLE | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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 included 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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: Barton J Malina 7/25/96 (813) 531-4100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)