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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 166498

(6)

FILED
Jan 20 1998 8:00am
Secretary of State

APPE	ERSON CHEMICALS, INC.	<b>\'</b> ',					
Principal Pl	ace of Business	Mailing Address				) (1 <b>4 4 14 14 14 14 14 14 14 14 14 14 14 14 </b>	ALDIE MIDEL INDS
155 ELLIS ROAD SOUTH 155 ELLIS ROAD SOUTH P. O. BOX 2555 P. O. BOX 2555 JACKSONVILLE FL 32254-3546 JACKSONVILLE FL 32254-3546					DO NOT WRITE	IN THIS SPACE	
US		US			3. Date Incorporated or Qualified		
					09/22/1951		
	I Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For
21 26					59-0669162		Not Applicable
Sulte, Apt. #, etc.         Suite, Apt. #, etc.           22         27					5. Certificate of Status Desired	7	Additional Required
City & State					6. Election Campaign Financing		O May Be
23	····	28]			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pa	<b>—</b> ·	'
24	25	29	30		Personal Property Tax due June		□ No
	9. Name and Address of Curren	it Hegistered Agent	81	Name	10. Name and Address of New Re	jisterea Agent	
EDWARDS, WILLIAM T				Name			
155 ELLIS RD S			82	Street Addre	ess (P.O. Box Number is Not Acceptab	(e)	
١ ،	JACKSONVILLE FL 32254						
			83				
			84	City		FL 85 Zij	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.						<u> PL                                    </u>	
office o	nt to the provisions of Sections 607.050 or registered agent, or both, in the State	iz and 607.1508, Florida Stat of Florida. Such change was	utes, the above- s authorized by 1	named corpo The corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing at the appointment a	its registered
agent.	I am familiar with, and accept the obliga	ations of, Section 607.0505, t	Florida Statutes.	,	, ,	, ,	ŭ
SIGNATURI	E	140	OTE B				
12.	Signature, typed or printed name of registered age OFFICERS AN		OTE: Registered Agent	signature radulre	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	ORS IN 12
TITLE	C DELETE		1.1 TITLE	T	7,007,101,070,171,110,000,171,00	Change	
NAME	GISSENDANNER, WILLIAM J.		1.2 NAME	Į		<del>_</del> · · •	
STREET ADDRESS 700 GALLERIA PARKWAY 350			1.3 STREET ADDRESS				i
CITY-ST-ZIP	ATI ALITA PI		1.4 City-ST-ZiP				ľ
TITLE	TS	DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	e Addition
NAME	BARBER, ANTHONY		2.2 NAME				
STREET ADDRES	TAN ALLEDIA DADIGUAL AF	0	2.3 STREET A	DORESS			
	CITY-ST-ZIP ATLANTA GA		2.4 CITY-ST-ZIP		· ·		
TITLE	P DELETE		3.1 TITLE			Change	Addition
NAME	EDWARDS, WILLIAM T		3.2 NAME				
STREET ADDRES			3.3 STREET A	DDRESS			}
CITY-ST-ZIP			3.4. CITY- ST	- ZIP			_
TITLE	OELETE 4.		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	j			
STREET ADDRESS	s		4.3 STREET AL	DDRESS			l
CITY-ST-ZIP			44 CITY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	REET ADDRESS		5.3 STREET AL	DDRESS			
CITY-ST-ZIP			5.4 CITY - ST-	ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				)
STREET ADDRESS	s		6.3 STREET AL	DDRESS			ļ
CITY-ST-ZIP			6.4 CITY - ST -	ZIP			

4. I hereby certify that the information supplied with this filling 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, of on an attachment with an address.

CIONATURE.

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