FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 12: 55

DOCUMENT # **294611** **(9)**

1. Corporation Name

FLORIDA MARINE CHEMISTS, INC.

Principal Place of Business	Mailing Address
1145 EAST CASS STREET TAMPA FL 33602-3536	1145 EAST CASS STREET TAMPA FL 33602-3536

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1965
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-1102123 ☐ 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

THORNTON,CHARLES C
1145 EAST CASS STREET
TAMPA FL 33602

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	THORNTON,CHARLES C	1 2 NAME	
STREET ADDRESS	14717 CLARENDON DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, MARCIA S.	2 2 NAME	
STREET ADDRESS	17301 CARRIAGE WAY	2 3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2 4 CITY-ST-ZIP	
TITLE	STD	3 1 TITLE	☐ Change ☐ Addition
NAME	BRISTOL, LISA	3 2 NAME	
STREET ADDRESS	12913 TIKIWOOD CT	3 3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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 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: [signature], Sec. Treas. LISA J. BRISTOL Secr-Treas. 1/11/95 (813) 223-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0200250 CP