

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 302905

(5)

1. Corporation Name

CONIFER CHEMICAL, INC.



Principal Place of Business

109 W DAVIS BLVD
TAMPA FL 33606

Mailing Address

109 W DAVIS BLVD
TAMPA FL 33606

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/15/1966

3a. Date of Last Report

03/21/1995

4. FEI Number

59-1142101

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

10. Name and Address of New Registered Agent

81 Name Ferlita, C. C.

82 Street Address (P.O. Box Number is Not Acceptable)

83 109 W. Davis Blvd

84 City Tampa

FL

85 Zip Code 33606

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 officer, director, and the applicable

Florida Registered Agent signature required when changing

DATA

12 OFFICERS AND DIRECTORS

1.1 TITLE

NAME PD
FERLITA, C C
STREET ADDRESS 109 W DAVIS BLVD
CITY, ST, ZIP TAMPA FL

☐ DELETE

1.2 TITLE

NAME D
SCOTTY, J C
STREET ADDRESS 109 W DAVIS BLVD
CITY, ST, ZIP TAMPA FL

☐ DELETE

1.3 TITLE

NAME D
FERLITA, J P
STREET ADDRESS 109 W DAVIS BLVD
CITY, ST, ZIP TAMPA FL

☐ DELETE

1.4 TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

1.5 TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

1.6 TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY, ST, ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY, ST, ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY, ST, ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY, ST, ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY, ST, ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY, ST, ZIP ☐ Change ☐ Addition

14. I, Ferlita, C. C., 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:

Ferlita, C. C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-96

813-358-5192

DATE

DATE OF FILING

CR2E034 (12/95)