

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 328055 (9)

1. Corporation Name

ARIZONA CHEMICAL SERVICE CORP

Principal Place of Business

6400 POPLAR AVENUE
ATTENTION: TAX DEPARTMENT
MEMPHIS TN 38197

Mailing Address

6400 POPLAR AVENUE
ATTENTION: TAX DEPARTMENT
MEMPHIS TN 38197



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/22/1968

3a. Date of Last Report

05/18/1995

4. FEI Number

22-1854610

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

SNAPP, M.L.

1001 E. BUSINESS HWY 98

PANAMA CITY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

SPINNER, E.

1001 E. BUSINESS HWY 98

PANAMA CITY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

GREER, C.C.

1001 E. BUSINESS HWY 98

PANAMA CITY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AS

NERHEIM, S.E.

TWO MANHATTANVILLE RD

PURCHASE NY

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AT

FINNEGAN, JOHN

6400 POPLAR AVE

MEMPHIS TN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

WALLACE, ARTHUR

TWO MANHATTANVILLE RD.

PURCHASE NY

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 or change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Finnegan

04/23/96

901-763-6000

Date

Daytime Phone #

CR2E034 (12/95)