(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300037715133

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FE926'92

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: *Secretary of State*

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation DOCUMENT #336345 (4)

PRO-CHEM PRODUCTS INC
PO BOX 5127
ORLANDO FL 32855

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

3. Date Incorporated or Qualified To Do Business in Florida 10/11/1968

3a. Date of Last Report: 02/13/1991

4. FEI Number: 59-1270100

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. $8.75 Additional Fee required for a Certificate of Status.
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	P/D	HINDERLITER, PAUL D.	1320 W CENTRAL BLVD	ORLANDO, FL
1x				
2	S/T/D	HINDERLITER, MURIEL	1320 W CENTRAL BLVD	ORLANDO, FL
2x				
3	V	KENDALL, MARILYN	7729 BROKEN ARROW TR.	ORLANDO, FL
3x				
4				
4x				
5				
5x				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

HINDERLITER, PAUL
1340 WEST CENTRAL BLVD.
ORLANDO, FL

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City | 85 Zip Code

FL.

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent Accepting Appointment)

CR2E034 (1-91)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

11. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 6 or an attachment with an address.

SIGNATURE Muriel Hinderliter DATE 2/17/92

Typed Name of Signing Officer or Director	Title	Telephone Number Daytime
MURIEL HINDERLITER	See Pres	(407) 425-5533

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee ☐