

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

□

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Certificates of Status _____

Special Instructions to Filing Officer:[illegible]

400037715124

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

CORPORATION
ANNUAL REPORT
1991



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

FEB1391

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF \$61.25 REQUIRED

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

PRO-CHEM PRODUCTS INC
PO BOX 5127
ORLANDO, FLA 32855

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

DO NOT WRITE IN THIS SPACE

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

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

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

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
2 S/T/D	HINDERLITER, MURIEL	1320 W CENTRAL BLVD	ORLANDO, FL
3 V	KENDALL, MARILYN	7729 BROKEN ARROW TR.	ORLANDO, FL
4			
5			
6			

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

HINDERLITER, PAUL
1340 WEST CENTRAL BLVD.
ORLANDO, FL

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

FL.

85 Zip Code

9. 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 _____
(Registered Agent Accepting Appointment)

DATE _____

10. 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, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Muriel Hinderliter*

DATE *2/8/91*

Typed Name of Signing Officer or Director

MURIEL HINDERLITER

Title

Secy of State

Telephone Number Daytime

(407) 425 5833

FILING FEE OF \$61.25 REQUIRED — Make Checks Payable To: Secretary of State **\$8.75 Additional Fee required for a Certificate of Status**