COUNTER 1 397756 (8) SOUTHERN SOLVENTS. INC	ANNUAL REPORT	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		
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Principal Place of Businesd     Pa.     Mailing Address     4.     FEI Number     Access of a State of			XCHANGE		
Image: constraint of Sectors 807 (2002 and 607 1506; Fords Statute on the the status of status of the sta	Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
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City 0 Sale     Image Type Country     Zap     Country     Truet Pure Constitution     Added to Fees       Zip     Zip     Country     Zip     Country     B. This corporation batchild for intendent back on or insolution     Name       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL S3324     11. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       41     Street Address PP.O. Box Number is Not Acceptable     12. Coole     12. Coole       1200 S. PINE ISLAND ROAD PLANTATION FL S3324     13. Street Address PP.O. Box Number is Not Acceptable     13. Coole       1201 Control to the provision of Sectors 607.0502 and 607.1508. Forda Statutes     10. Name and Address of Orecords In the stephenitement are registered definition of the purpose of changing its registered definition of Sectors 607.0502, honos Statutes     10. Name and Address To PinceRS AND DIRECTORS       1201 Configure and the obligations of Sector 607.0502, honos Statutes     10. Change Interface     MI       1202 Configure and registered agent and registered agent and registered definition of the obligations of Sector 607.0502, honos Statutes     11. Thick       1202 Configure and registered agent agent agent and registered agent agent agent and registered agent ag		27			
Product     Participation     Participation     Participation     Participation       0     Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       0     Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       120. Some Statutes     10. Name and Address of New Registered Agent       120. Some Statutes     10. Name and Address of New Registered Agent       120. Some Statutes     10. Name and Address of New Registered Agent       120. Some Statutes     10. Name and Address of Sectors       120. Some Statutes     10. Name and Address of New Registered Agent       120. Some Statutes     10. Name and Address of Sectors       120. Some Statutes     10. Name and Address of New Registered Agent       120. Some Statutes     10. Name and Address of New Registered Agent Agent System New Registered Agent Agent	Uity & State	28		Trust Fund Contribution	Added to Fees
S. Name and Address of Current Registered Agent     So. Name and Address of New Registered Agent     So. Name and Address     So. Name and Add	25	29		Florida Statutes 🛛 Yes	□ No
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of Currer	nt Registered Agent	R1 Name	10. Name and Address of New R	legistered Agent
E       P       DELETE       1.1 TILE       Change       Addition         AE       BALLARD, MCCARY       12 AME	the second state and stat				
Mit     Distland, monostri       REF ADDRESS     3615 DUMBARTION RD NW       14 CITY-SI-ZP       ATLANTA GA       23 STREET ADDRESS       2576 HOWELL MILL RD, NW       23 STREET ADDRESS       2576 HOWELL MILL RD, NW       23 STREET ADDRESS       2005 FISHER TRAIL, NE       33 STREET ADDRESS       2005 FISHER TRAIL, NE       17-SI-ZP       ATLANTA GA       117-SI-ZP       117-SI-ZP       ATLANTA GA       117-SI-ZP       117-SI-ZP       118-       119-SI-ZP       119-       1110       1112       1112       1112       1112       1112 </th <th>Signature, typed or printed name of registered agen</th> <th>and title if applicable. (NOTI</th> <th></th> <th>ed when reinstating)</th> <th>DATE</th>	Signature, typed or printed name of registered agen	and title if applicable. (NOTI		ed when reinstating)	DATE
Incert address       Source of the first and the first address         TY: SI: 2/P       ATLANTA GA       I 4 CITY-SI: 2/P         Atte       DeLETE       2: 11TLE         AME       BALLARD, W P JR       22 MAKE         INEET ADDRESS       2576 HOWELL MILL RD, NW       23 STREET ADDRESS         Y: SI: 2/P       ATLANTA GA       24 CITY-SI: 2/P         AME       PARKER, FRANK R       23 STREET ADDRESS         2095 FISHER TRAIL, NE       32 NAME         34 DELETE       34 DIY-SI: 2/P         ATLANTA GA       IDELETE         Inter ADDRESS       2095 FISHER TRAIL, NE         32 NAME       34 DIY-SI: 2/P         Inter ADDRESS       2095 FISHER TRAIL, NE         Inter ADDRESS       34 DELETE         ATLANTA GA       IDELETE         Inter ADDRESS       34 DELETE         Inter ADDRESS       IDELETE         Inter ADDRESS       IDELETE <tr< td=""><td>Signature, typed or printed name of registered agen OFFICERS AN</td><td>II and tille if applicable. (NOTI ID DIRECTORS</td><td>13.</td><td>ed when reinstating)</td><td>DATE FICERS AND DIRECTORS IN 12</td></tr<>	Signature, typed or printed name of registered agen OFFICERS AN	II and tille if applicable. (NOTI ID DIRECTORS	13.	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
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NARE     DALDNID, YF WIT WIT       IRECT ADDRESS     2576 HOWELL MILL RD, NW       2576 HOWELL MILL RD, NW     24 CITY-S1-ZP       ATLANTA GA     24 CITY-S1-ZP       AME     PARKER, FRANK R       2095 FISHER TRAIL, NE     33. STREET ADDRESS       34. DITY-S1-ZIP     Change       ATLANTA GA     DELETE       41. UTLE     Change       Addition       ITE 1 ADDRESS       2095 FISHER TRAIL, NE       33. STREET ADDRESS       34. DITY-S1-ZIP       ITE       ITE       ITE 1 ADDRESS       2095 FISHER TRAIL, NE       33. STREET ADDRESS       34. DITY-S1-ZIP       ITE       ITE 1 ADDRESS       2095 FISHER TRAIL, NE       34. DELETE       41. UTLE       ITE       ITE 1 ADDRESS       ITE 1       ITE 1 <t< td=""><td>Signature, typed or printed name of registered agen C. OFFICERS AN LE P BALLARD, MCCARY 3615 DUMBARTON RD NW</td><td>II and tille if applicable. (NOTI ID DIRECTORS</td><td>13.           1.1 "ITLE           1.2 NAME           1.3 STREET ADDRESS</td><td>ed when reinstating)</td><td>DATE FICERS AND DIRECTORS IN 12 Change Addition</td></t<>	Signature, typed or printed name of registered agen C. OFFICERS AN LE P BALLARD, MCCARY 3615 DUMBARTON RD NW	II and tille if applicable. (NOTI ID DIRECTORS	13.           1.1 "ITLE           1.2 NAME           1.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition
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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 1950 (s)(k). Holds and that the same legal effect as if made under 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 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 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 certify that the information indicated on this encourse of the 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 certify that the information indicated on this encourse of the reprised of the execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on this annual report or supplemental annual report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on the certification of the reprised or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on the certification of the reprised or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certification of the certification of the reprised or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certification of the certification of	Signature: typed or printed name of registered agen OFFICERS AN EE P ME BALLARD, MCCARY 3615 DUMBARTON RD NW Y-ST-ZIP ATLANTA GA LE D ME BALLARD, W P JR 2576 HOWELL MILL RD, NY ATLANTA GA ME PARKER, FRANK R 2095 FISHER TRAIL, NE ATLANTA GA ME PARKER, FRANK R 2095 FISHER TRAIL, NE ATLANTA GA ME REET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS ITY-ST-ZIP ITLE IAME		13.           1.1 "TILE           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           3.2 NAME           3.3 STREET ADDRESS           3.4 CITY - ST - ZIP           4.1 TITLE           4.2 NAME           4.3 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           5.3 STREET ADDRESS           5.4 CITY - ST - ZIP           6.1 TITLE           6.2 NAME	ed when reinstating)	DATE  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition