

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 405988

Entity Name: CHEM-QUIP, INC.

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

5675 NEW TAMPA HWY  
#4  
LAKELAND, FL 33815 US

**New Principal Place of Business:**

**Current Mailing Address:**

5675 NEW TAMPA HWY  
#4  
LAKELAND, FL 33815 US

**New Mailing Address:**

FEI Number: 59-1400932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONNICHSEN, BARRY M P  
5675 NEW TAMPA HWY.  
#4  
LAKELAND, FL 33815 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: BONNICHSEN, BARRY M,  
Address: 3224 OAK TREE LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VDS ( ) Delete  
Name: BONNICHSEN, GAIL L  
Address: 3224 OAK TREE LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: BONNICHSEN, DAVID  
Address: 632 REGESTER AVENUE  
City-St-Zip: BALTIMORE, MD 21212

Title: D ( ) Delete  
Name: MAROTH, CATHERINE B D  
Address: 909 JOHN'S POINTE DRIVE  
City-St-Zip: OAKLAND, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDC (X) Change ( ) Addition  
Name: BONNICHSEN, BARRY M PDC  
Address: 3224 OAK TREE LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VDS (X) Change ( ) Addition  
Name: BONNICHSEN, GAIL L VDS  
Address: 3224 OAK TREE LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change ( ) Addition  
Name: BONNICHSEN, DAVID M D  
Address: 632 REGESTER AVENUE  
City-St-Zip: BALTIMORE, MD 21212

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY M. BONNICHSEN

PDC

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date