## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

101

## **FILED** Mar 02 1998 8:00am Secretary of State

1. Corporation Name 455322 (6)													
J B CH	EMICALS	, COATINGS & CO	DNSU	JLTING CORP.						11641 B(B): B(B): B	(B)) #124	<b>616</b> 11 1661	
Principal Place	e of Busines	<u> </u>	N	Mailing Address				$\dashv$	1 189111 918F1 BIIDI BIIDD 11110 11818 1181	HADII BIDII BABII D		DiBEL INDI	
931 SW 111 WAY 931 SW 111 WAY													
DAVIE FL 33324 DAVCIE FL 33324									DO NOT WRITE IN THIS SPACE				
US				US				ŀ	3. Date Incorporated or Qualified	IN THIS STAC			
									06/25/1974				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ap	plied For	
21				26					59-2144975			Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1 7 -	1.75 A Fee Re	dditional guired	
City & State				City & State				$\dashv$	6. Election Campaign Financing	\$	5.00	May Be	
23				28 DAVIE FL					Trust Fund Contribution		Added to	Fees	
Zip	Country			├ <b>-</b>			untry		8. This corporation owes or has paid the current year Intangible				
24	25 9. Name and Address of Current			29 30			Personal Property Tax due June 30. You 10. Name and Address of New Registered Age						
DE			r negi	isteled Agent		81	Name		10. Hanne and Address of their risg.	Stored Agon			
BENHAM, JACK E 931 SW 111 WAY							Ctropt Ad	ld-and	/P.O. Boy Number in Not Assertable	<u>,,</u>			
<b>DAVIE FL 33324</b>							Street Aut	ddress (P.O. Box Number is Not Acceptable)					
						83						İ	
						84 City				FL 85	Zip C	ode	
11. Pursuant	to the provis	ions of Sections 607.050	2 and	607.1508, Florida Statut	es, the a	pove	e-named co	orpore	ation submits this statement for the pu	roose of char	ging its	registered	
agent. I a	egi <b>s</b> tered aç m <b>fam</b> iliar w	ith, and accept the obliga	ations	of, Section 607.0505, Fi	orida Sta	tutes	r ine corpora S.	ration	's board of directors. I hereby accept	me appointm	orit do i	e glistere a	
SIGNATURE	Classical transfer	or printed name of registered age	rd and to	. (NOT	6 · Dozertoro	d Age	od cional se see	nulsas v	vhen reinstating)	DATE			
12.	Signature, typieti	OFFICERS AN			13.	0 / Igc	on agricioro req	quii vu e	ADDITIONS/CHANGES TO OFFICE		CTOR	S IN 12	
TITLE	PD			DELETE	1.1 TI	TLE				C	hange	Addition	
NAME	BENHAI				1.2 N	AME							
STREET ADDRESS				1,3 \$1			REET ADDRESS						
CITY-ST-ZIP	DAVIE F	<u>L</u>		[m] *= ±± ±=== ***			T-ZIP					C 144220	
TITLE	VST	A DODOTUV M		☐ DELETE	2.1 TI					∐c	hange	Addition	
NAME		M, DOROTHY M.			2.2 N							İ	
STREET ADDRESS	DAME EL						2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	DATIC	<u> </u>		DELETE	2.4 C		51-ZIP				hange	Addition	
NAME	_	M, DOROTHY M.			3.2 N						•		
STREET ADORESS		111 WAY					ADDRESS						
CITY-ST-ZIP	DAVIE F						ST - ZIP						
TITLE				DELETE	4.1 TI						hange	Addition	
NAME					4.2 N	AME							
STREET ADDRESS					4.3 S	TREET	ADDRESS						
CITY-ST-ZIP					4.4 C	1Y-\$	T-2IP						
TITLE				☐ DELETÉ	5.1 TI	TLE	T				hange	Addition	
NAME					5.2 N	AME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					_		T-ZIP					1 42.00	
TITLE				☐ DELETE	6.1 TI						hange	☐ Addition	
NAME					6.2 N		ļ						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					6.4 C	IY-S	T-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

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