

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 483390 (1)

1. Corporation Name

RAY CHEMICALS AND CATALYSTS, INC.

Principal Place of Business

1717 W. FAIRFIELD DR.
PENSACOLA FL 32501

Mailing Address

1717 W. FAIRFIELD DR.
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1975

3a. Date of Last Report
03/14/1994

4. FEI Number
59-1625924

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes.

Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, EDWARD A
1500 VIA DE LUNA
#C4
PENSACOLA FL 32561

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. 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 agent 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

(Signature of Registered Agent or Registered Agent Acceptance)

(Signature of Registered Agent or Registered Agent Acceptance)

(Signature of Registered Agent or Registered Agent Acceptance)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	P RAY, EDWARD A 1500 VIA DE LUNA #C4. PENSACOLA, FL 32501 32561
2. NAME	V ELLISON, MARK R 2101 SCENIC HWY #C-203 PENSACOLA FL 32501
3. NAME	T RAY, MICHELLE M 1500 VIA DE LUNA PENSACOLA FL 32561
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	

1. NAME		☐ Change ☐ Addition
2. NAME		☐ Change ☐ Addition
3. NAME		☐ Change ☐ Addition
4. NAME		☐ Change ☐ Addition
5. NAME		☐ Change ☐ Addition
6. NAME		☐ Change ☐ Addition
7. NAME		☐ Change ☐ Addition
8. NAME		☐ Change ☐ Addition
9. NAME		☐ Change ☐ Addition
10. NAME		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), 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 manager or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an attachment with an address.

SIGNATURE:

Edward A. Ray EDWARD A. RAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JAN 95

904-438-9671