

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

08/25/1975

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 **5655 N. Davis Hwy**
Suite, Apt. #, etc.

22

23 **Pensacola, FL**
City & State

24 **32503** 25 **USA**
Zip Country

2a. Mailing Address

26 **5655 N. Davis Hwy**
Suite, Apt. #, etc.

27

28 **Pensacola, FL**
City & State

29 **32503** 30 **USA**
Zip Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

8. 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 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

Signature, typed or printed name of registered agent or officer, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P RAY, EDWARD A**
STREET ADDRESS **1500 VIA DE LUNA #C4**
CITY-ST-ZIP **PENSACOLA, FL 32501 32561**

TITLE ☐ DELETE
NAME **V ELLISON, MARK R**
STREET ADDRESS **2101 SCENIC HWY #C-203**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE
NAME **T RAY, MICHELLE M**
STREET ADDRESS **1500 VIA DE LUNA**
CITY-ST-ZIP **PENSACOLA FL 32561**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

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 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96
Date

904/499-2500
Telephone Number

CR2E034 (12/95)