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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 505302 **DOCUMENT #** 

(0)

1. Corporation Name

CHEMILIZER PRODUCTS, INC.

rincipal Place of Business	Mailing Address	1 10 10 10 10 10 10 10 10 10 10 10 10 10
12745 49TH ST NORTH	12745 49TH ST NORTH	

12745 49TH ST NORTH CLEARWATER FL 34622			12745 49TH ST NORTH CLEARWATER FL 34622						
						3. Date Incorporated or Qualified 06/16/1976	3a. Date	of Last F 0/25/19	
2. Principal Pla	ace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number			Applied For
21		26				59-1732259			Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. 4	, etc.			5. Certificate of Status Desired			5 Additional Required
City & State	3	City & State	!			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip ·	Country 25	Country 30			8. This corporation has lability for intangible tax under s 199.032, Florida Statutes Yes No				
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New R	egistered	Agent	
				81	Name				
	.s, frank r 19th Street North			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	·····	
	WATER FL 34622			83					
I				84	City		FL	,   -	ip Code
or register familiar wi	to the provisions of Sections 607.0 red agent, or both, in the State of R ith, and accept the obligations of, S	Florida. Such change was	s authorized by the c	ve-n	named corp pration's b	poration submits this statement for the pur pard of directors. I hereby accept the appo	pose of cha pintment as	anging its registere	registered office d agent. I am
SIGNATURE	Signature, typed or printed name of registered	agent and Nic if applicable.	(NOTE: Flequistered	Agen	t signature reg	uired when reinstating	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CEHS AND	DIRECT	ORS IN 12
TITLE	PRES	D£	LETE 1.11	ITLE				Change	Addition
NAME	DANIELS, FRANK R		1.2 N	AME					
STREET ADDRESS	2420 BUTTERNT COURT		1.3 \$	TREET	ADORESS				
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CI	ITY-S	T-ZIP				
TITLE	ST	DE	LETE 2.1T	ITLE			]	Change	Addition
NAME	DANIELS, JANICE E		2.2 N	AME.					
STREET ADDRESS	2420 BUTTERNT COURT		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698		240	ITY-S	a-zie				
TITLE		DE	LETE 3.1T	ITLE			[	Change	Addition
NAMÉ			32 N	AME					
STREET ADDRESS			3.3. \$	TREE	ADDRESS				
CITY-ST-ZIP			3.4 C	(1Y - S	T- ZIP				
TITLE		[] Di	LÉTE 4.1T	ITLE			l	Change	Addition
NAME			4.2 N	AVI:					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	·ΤΥ-\$	1 - ZIP				
TITLE		□ Di	LETE 5 1 T	TITLE				Change	Addition
NAME			52 N	AME					
STREET ADDRESS			538	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	ITY- 5	ST-ZIP				
TITLE		DI						Change	: Addition
NAME			62 N	AME					
STREET ADDRESS			6.3 S	1REE I	ADDRESS				
CITY-ST-ZIP			640	HTY - 9	ST-ZIP				

14. Ido 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 conformation or the receivor 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 market 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 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 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 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 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 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 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 the section 119.07(3)(k), Florida Statutes I further certify that the information indicated on the section 119.07(3) (k), Florida Statutes I further certify that the informatio

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-1573-7811 Daytime Frome #

CR2E034 (12/95)