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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

555125

(4)

HUNTER CHEMICAL & FORMULATING CO., INC.

Principal Place of Business

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



1300 ALDEN I ORLANDO FL		1300 ALDEN ROAD ORLANDO FL 32803				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					12/12/1977				
2. Principal Place of Business 2a. Mailing Address			_		4. FEI Number		Aş	pplied For	
21 1300	26 1300 AABN	Roc 1	,	59-1786489		No	ot Applicable		
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	erlificate of Status Desired			
City & State	1	City & State 28 Orlando, FL			Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip Country Zip 25 USA 29 32803			Country	A	This corporation owes or has parely Personal Property Tax due June			langible No	
	g. Name and Address of Current		10. Name and Address of New Re						
STONE, STEPHE M				Name					
725 N.MAGNOLIA AVE. ORLANDO FL 32803			82	Street	Address (P.O. Box Number is Not Acceptab	le)			
<b>V</b> 111			83					·	
			84	City		FL	35 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	Signature, typed or printed name of registrated agent	and title if applicable (NO1E : F	Registered Ag	ont signaturi	e required when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			_	
TITLE	P DOUGLES I	☐ DELETE	1.1 TITLÉ			Ļ.	Change	Addition	
NAME	HUNTER, DOUGLAS J 1300 ALDEN ROAD		1.2 NAME						
STREET ADDRESS	ORLANDO FL		1.3 STREET						
CITY-ST-ZIP TITLE	ONDARDO FL	DELETE	1.4 CITY - S 2.1 TITLE	a - ZIP			Change	Addition	
NAME		ET percie	2.1 MAME			_	Unange	□ Yourron	
STREET ADDRESS			2 3 STREET	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-						
TITLE	<u></u>	DECETE	3.1 TITLE	21 211			Change	Addition	
NAME			3.2 NAME					-	
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY - :	ST-ZIP					
TITLE		DELETE	4.1 307LE				Change	Addition	
NAME			4. 2 NAME					ļ	
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	address					
CITY-ST-ZIP		DOLETE	54 CiTY-S	1 - 7/P		·····	01	1.000	
TITLE		☐ DELETE	6.1 TITLE				Change	∐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET		_				
CITY-ST-ZIP			6.4 CITY - S	T-ZIP					

1. Thereby certify that the information supplied with this filling 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 strail have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true 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.