

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:18

DOCUMENT # **637724** (6)

1. Corporation Name  
**CHEMICAL SYSTEMS OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**6429 W. JONES AVENUE 6429 W. JONES AVENUE**  
**P. O. BOX 810 P. O. BOX 810**  
**ZELLWOOD FL 32798 ZELLWOOD FL 32798**

DO NOT WRITE IN THIS SPACE:

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
09/06/1979	02/01/1994
4. FID Number	Applied For Not Applicable
59-1935596	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ALEXANDER, PAUL</b> <b>30713 ST RD 437</b> <b>SORRENTO FL 32776</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0509 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, LAURI A.	12 NAME	
STREET ADDRESS	31108 OAKMONT AVE. 4407 meadowland Dr.	13 STREET ADDRESS	
CITY, ST, ZIP	SORRENTO-FL Mt. Dora, FL	14 CITY, ST, ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, PAUL L.	22 NAME	
STREET ADDRESS	4407 MEADOWLAND DRIVE 30713 St Rd 437	23 STREET ADDRESS	
CITY, ST, ZIP	MT-DORA-FL Sorrento, FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied satisfies the filing requirements and that I am qualified to serve as the registered agent for the corporation. I further certify that the information included 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 147, Florida Statutes, and that my name appears in Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Lauri A. Hathaway* **Lauri A. Hathaway** 2-9-95 407-886-2329