

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 11:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 697573 (4)

1. Corporation Name

J. CO. CHEMICALS AND SUPPLY COMPANY

Principal Place of Business

**3858 CHEROKEE VILLA LANE
P.O. BOX 8024
JACKSONVILLE FL 32239**

Mailing Address

**3858 CHEROKEE VILLA LANE
P.O. BOX 8024
JACKSONVILLE FL 32239**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/05/1981

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2114174

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COUNCIL, JOSEPH B.
3858 CHEROKEE VILLA LANE
JACKSONVILLE FL 32211**

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 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 and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**DP
COUNCIL, JOSEPH B
3858 CHEROKEE VILLA LN
JACKSONVILLE, FL 00000**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**TS
COUNCIL, ANN C.
3858 CHEROKEE VILLA LANE
JACKSONVILLE FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME

**TS
COUNCIL, ANN C.
3858 CHEROKEE VILLA LANE
JACKSONVILLE FL**

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34 CITY - ST - ZIP

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☐ Change ☐ Addition

SIGNATURE: JOSEPH B. COUNCIL PRESIDENT

SIGNATURE AND TYPE OF POSITION OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR

**4/11/95
904-744 0981**

040801 FP