

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 818314 (7)

1. Corporation Name

FOREMOST CHEMICALS, INC.



Principal Place of Business

Mailing Address

6543 46TH ST N  
SUITE 1102  
PINELLAS PARK FL 34665  
US

6543 46TH ST N  
SUITE 1102  
PINELLAS PARK FL 34665  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1964

4. FEI Number

59-1061224

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6543 46th St. N.

26 6543 46th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1102

27 Suite 1102

City & State

City & State

23 Pinellas Park, FL

28 Pinellas Park, FL

Zip

Country

Zip

Country

24 33781

25 U.S.

29 33781

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, SHIRLEY  
6501 4TH ST. S  
ST PETERSBURG FL 33705

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME S  
MARSHALL, SHIRLEY  
STREET ADDRESS 6501 4TH ST. S  
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME PD  
FREDLAND, JOAN A.  
STREET ADDRESS 4802 11TH AVE CIR EAST  
CITY-ST-ZIP BRADENTON FL

2.1 TITLE  
2.2 NAME PD  
Friedland, Joan A.  
2.3 STREET ADDRESS 9945 Sago Pt. Dr.  
2.4 CITY-ST-ZIP Largo, FL 33777

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME VP  
LAVERTY, DEBORAH  
STREET ADDRESS 11844 MAYFIELD AVE APT 3  
CITY-ST-ZIP LOS ANGELES CA

3.1 TITLE  
3.2 NAME VP  
3.3 STREET ADDRESS Laverty, Deborah  
3.4 CITY-ST-ZIP 5759 West 6th Street  
Los Angeles, CA 90036

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address.

SIGNATURE:

Shirley Marshall

4/23/98

813-522-8518

CR2E034 (10/97)