

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90130 009 ***150.00

DOCUMENT # 818314

1. Corporation Name
FOREMOST CHEMICALS, INC.

Principal Place of Business

6543 46TH ST N
SUITE 1102
PINELLAS PARK FL 33781
US

Mailing Address

6543 46TH ST N
SUITE 1102
PINELLAS PARK FL 33781
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 the current year intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., etc.

26 Suite, Apt., etc.

22 City & State

27 City & State

23 Zip

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE PD
NAME FREDLAND, JOAN A.
STREET ADDRESS 9945 SAGO PT DR
CITY-ST-ZIP LARGO FL 33777

☐ DELETE

TITLE VP
NAME LAVERTY, DEBORAH
STREET ADDRESS 5759 WEST 6TH ST
CITY-ST-ZIP LOS ANGELES CA 90036

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

31 TITLE V
32 NAME Laverty, Deborah
33 STREET ADDRESS 5972 Bent Pine Dr., Apt. 171
34 CITY-ST-ZIP Orlando, FL 32822

☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Marshall SHIRLEY MARSHALL 4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-522-8518

Daytime Phone #

CR2E034 (11/98)