FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:43

DOCUMENT # **845954** **(7)**

1. Corporation Name
CONTINENTAL INDUSTRIAL CHEMICALS, INC.

Principal Place of Business	Mailing Address
P.O.BOX 668264 (28266) 5010 HOVIS RD. CHARLOTTE NC 28208	P.O.BOX 668264 (28266) 5010 HOVIS RD. CHARLOTTE NC 28208

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1980
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 56-1106924 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	P D	☐ Change ☒ Addition
NAME	LOWERY, DENNIS D.	1.2 NAME	Charles Rose	
STREET ADDRESS	5010 HOVIS RD.	1.3 STREET ADDRESS	5010 Hovis Road	
CITY-ST-ZIP	CHARLOTTE, NC.	1.4 CITY-ST-ZIP	Charlotte NC 28208	
TITLE	VD	2.1 TITLE	C T D	☒ Change ☐ Addition
NAME	ELLIOTT, BOBBY H.	2.2 NAME	Dennis Lowery	
STREET ADDRESS	5010 HOVIS RD.	2.3 STREET ADDRESS	5010 Hovis Rd	
CITY-ST-ZIP	CHARLOTTE, NC.	2.4 CITY-ST-ZIP	Charlotte NC 28208	
TITLE	S	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SILINSKI, DONNA	3.2 NAME	Walter Lamb	
STREET ADDRESS	5010 HOVIS RD.	3.3 STREET ADDRESS	5010 Hovis Rd	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	Charlotte NC 28208	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Zeb Lowry	
STREET ADDRESS		4.3 STREET ADDRESS	5010 Hovis Rd	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Charlotte NC 28208	
TITLE		5.1 TITLE	D	☐ Change ☐ Addition
NAME		5.2 NAME	Adele Harris	
STREET ADDRESS		5.3 STREET ADDRESS	5010 Hovis Rd	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Charlotte NC 28208	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donna H. Silinski 2/21/95 704-392-2311
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

000000 FP