

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90205 022 \*\*\*150.00

DOCUMENT # 848326

1. Corporation Name

PHOSACID SERVICE & SUPPLY, INC.

Principal Place of Business

ONE SALEM LAKE DR  
LONG GROVE IL 60047-8402  
US

Mailing Address

ONE SALEM LAKE DR  
LONG GROVE IL 60047-8402  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1981

4. FEI Number

36-3134538

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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

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 DVS ☐ DELETE

NAME OBERT, P.R.  
STREET ADDRESS ONE SALEM LAKE DR  
CITY-ST-ZIP LONG GROVE IL

TITLE V ☐ DELETE

NAME HOLMES, A.L.  
STREET ADDRESS BONNIE MINE ROAD  
CITY-ST-ZIP BARTOW FL

TITLE VD ☐ DELETE

NAME WILSON, S.R.  
STREET ADDRESS ONE SALEM LAKE DR  
CITY-ST-ZIP LONG GROVE IL

TITLE PD ☐ DELETE

NAME LUZZI, R C  
STREET ADDRESS ONE SALEM LAKE DR  
CITY-ST-ZIP LONG GROVE IL

TITLE T ☐ DELETE

NAME BAKER, D.W.  
STREET ADDRESS ONE SALEM LAKE DR  
CITY-ST-ZIP LONG GROVE IL

TITLE AS ☐ DELETE

NAME SCOTT, J. J.  
STREET ADDRESS ONE SALEM LAKE DRIVE  
CITY-ST-ZIP LONG GROVE IL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Dennis W. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/14/99

Date

(847)438-9500

Daytime Phone #

CR2E034 (1/198)