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 APR 13 PM 3:17

DOCUMENT # **F52855** **(6)**

1. Corporation Name
CHEMMART ASSOCIATES, INC.

Principal Place of Business	Mailing Address
360 MAIN ST. STE. #220 DUNEDIN FL 34698 US	360 MAIN ST. STE. #220 DUNEDIN FL 34698 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/06/1981**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-1361541** ☐ 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

KISER, S. CURTIS, ESQ.
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

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	DP	11 TITLE	☐ Change ☐ Addition
NAME	MCCOY, PAUL E J	12 NAME	
STREET ADDRESS	1675 CINNAMON LANE	13 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	MCCOY, JOHN C.	22 NAME	
STREET ADDRESS	343 CAUSEWAY BLVD.	23 STREET ADDRESS	
CITY ST ZIP	DUNEDIN FL 34698	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	MCCOY, SHELIA A.	32 NAME	
STREET ADDRESS	1675 CINNAMON LANE	33 STREET ADDRESS	
CITY ST ZIP	DUNEDIN FL 34698	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCCOY, PAUL E	42 NAME	
STREET ADDRESS	255 DOLPHIN POINT RD. UNIT 511	43 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34630	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCCOY, THYRRICE L.	52 NAME	
STREET ADDRESS	255 DOLPHIN PT. RD.; UNIT 511	53 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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: Sheila A. McCoy **Sheila A. McCoy** **4/10/95** **813 733-0471**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000060 CP