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May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F52855

(6)

1. Corporation Name  
CHEMMART ASSOCIATES, INC.



Principal Place of Business

380 MAIN ST. STE. #220  
DUNEDIN FL 34698  
US

Mailing Address

380 MAIN ST. STE. #220  
DUNEDIN FL 34698-5761  
US

3. Date Incorporated or Qualified  
11/06/1981

3a. Date of Last Report  
05/14/1996

2. Principal Place of Business

21 1059 Broadway

Suite, Apt. #, etc.

22 E

City & State

23 DUNEDIN FL

Zip

24 34698

Country

2a. Mailing Address

25 1059 Broadway

Suite, Apt. #, etc.

27 E

City & State

28 DUNEDIN FL

Zip

29 34698

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

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 ☐ DELETE

NAME  
MCCOY, PAUL E J  
STREET ADDRESS  
1675 CINNAMON LANE  
CITY-ST-ZIP  
DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
MCCOY, JOHN C.  
STREET ADDRESS  
343 CAUSEWAY BLVD.  
CITY-ST-ZIP  
DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
MCCOY, SHELIA A.  
STREET ADDRESS  
1675 CINNAMON LANE  
CITY-ST-ZIP  
DUNEDIN FL 34698

TITLE ☐ DELETE

NAME  
MCCOY, PAUL E  
STREET ADDRESS  
255 DOLPHIN POINT RD. UNIT 511  
CITY-ST-ZIP  
CLEARWATER FL 34630

TITLE ☐ DELETE

NAME  
MCCOY, THYRRICE L.  
STREET ADDRESS  
255 DOLPHIN PT. RD.; UNIT 511  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 do 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 McCoy* SHERILYN MCCOY

4/25/97

813 733-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)