**FILED** 

Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90036 047 \*\*\*300.00

## 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

## DOCUMENT # **F52855**

1. Corporation Name

CHEMMART ASSOCIATES, INC.

Principal Place	of Business	Mailing Address								
1059 BROADWAY		1059 BROADWAY								
E		E DINIFORM EL 24600			DO NOT WRITE IN THIS SPACE					
DUNEDIN FL 34698 US		DUNEDIN FL 34698 US	DUNEDIN FL 34698			3. Date Incorporated or Qualifed				
35						11/06/1981				ļ
2. Principal Pla	ace of Business	2a. Mailing Address	_			4. FEI Number	,	$\neg \top$	Appl	ed For
21		26				59-1361541	61541 Not Applicable			Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional				
22		27				3. Certificate of Class Desired			e Requ	
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		Zip Country				Trust Fund Contribution			ded to	rees
Zip	Country	Zip		ıtry		This corporation owes the curre     Personal Property Tax.	ent year inta	ingible ∐Yes	ſ	]No Ì
24	25	<del></del>	30		****	10. Name and Address of New R	egistered A			
	9. Name and Address of Current	Vehistan whene		81	Name	10. 110/110 4114 11441000 01 1100 11	-8.44.	· <u>u</u>		
KISER, S. CURTIS, ESQ.			Ĺ							
1968	BAYSHORE BLVD.		}	82	Street Addre	ss (P.O. Box Number is Not Accepta	ue)			
DUN	EDIN FL 34698			83						
	•		ļ	84	City			85	Zip Co	nde
	to the provisions of Sections 607.0502			_	•		FL			
agent. I ar	to the provisions of Sections 607.0302 egistered agent, or both, in the State on familiar with, and accept the obligation	ons of, Section 607.0505, Flor	nda Statu	ites.						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				tegistered Agent signature require		when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	N NIPE	CTOR	S IN 12
12.	OFFICERS AND	D DIRECTORS	13.		<del></del> 1	ADDITIONS/CHANGES TO OFF	ICERS AN	CT Cha		Addition
TITLE	DP		12 NA		1			_	ŭ	
NAME	MCCOY, PAUL E J 1675 CINNAMON LANE				ADDRESS					Į.
STREET ADDRESS	DUNEDIN FL 34698		1.4 CII							Ì
CITY-ST-ZIP TITLE	DV DELETE			1-31 LE	1-21r			Cha	nge	Addition
NAME	MCCOY, JOHN C.			ME	1					ļ
STREET ADDRESS	343 CAUSEWAY BLVD.		- 1		ADDRESS		8			ļ
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CI	TY-S	T-ZiP					
TITLE	DST	- 🔲 DELETE	3.1 TIT			<u> </u>	<del></del>	Cha	nge	Addition
NAME	MCCOY, SHELIA A.		3.2 NA	ME						
STREET ADDRESS	1675 CINNAMON LANE		3.3 ST	REET	ADDRESS					ļ
CITY-ST-ZIP	DUNEDIN FL 34698		3.4. CI	TY- <u>\$</u>	T- ZIP			erra		
TITLE	D	☐ DELETE	4.1 TT	LΕ				☐ Cha	ange	Addition
NAME	MCCOY, PAUL E	1	4. 2 N		1					Į
STREET ADDRESS	255 DOLPHIN POINT RD. UNIT	511	- 1		ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34630		4.4 CN		r-ZIP					Addition
TITLE	D	DELETE	5.1 TIT		Ì			Cha	ange	C Houndy
NAME	MCCOY, THYRRICE L.		5.2 NA		. +0000000					
STREET ADDRESS	255 DOLPHIN PT. RD.; UNIT 51	1			ADDRESS					1
CITY-ST-ZIP	CLEARWATER FL	DELETE	5.4 CF 6.1 TR		1-217			Cha	ange	Addition
TITLE		↑ nere1¢	6.2 NA						go	
NAME				_	ADDRESS					

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP