

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F83238

(8)

1. Corporation Name

ASTOR CHEMICAL COMPANY



Principal Place of Business

1874 BRITT RD., N.W.  
STUART FL 34994

Mailing Address

1874 BRITT RD., N.W.  
STUART FL 34994

3. Date Incorporated or Qualified  
05/28/1982

3a. Date of Last Report  
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FLE Number

59-2202024

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

10. Name and Address of New Registered Agent

RUTLAND, LEONARD JR  
10 CENTRAL PARKWAY  
SUITE 350  
STUART FL 34994

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME WALTON, THOMPSON R  
STREET ADDRESS 1874 BRITT RD., NW  
CITY-ST-ZIP STUART FL

TITLE DVS ☐ DELETE  
NAME WALTON, JOYCE G  
STREET ADDRESS 1874 BRITT RD NW  
CITY-ST-ZIP STUART FL

TITLE DT ☐ DELETE  
NAME HAMMERICH, BARBARA D  
STREET ADDRESS 15947 SILENT CREEK CT.  
CITY-ST-ZIP CHESTERFIELD MO

TITLE D ☐ DELETE  
NAME HENDRICKS, MARILYN J  
STREET ADDRESS 1155 ASTORWOOD LN  
CITY-ST-ZIP STUART FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP 34994.

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP 34994.

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP 63017.

41 TITLE  
42 NAME  
43 STREET ADDRESS 1681 22nd Street, N.E. (Leilani Hts)  
44 CITY-ST-ZIP Jensen Beach, FL., 34957.

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.R. WALTON

JAN-15-1996

407-692-2212

CR2E034 (12/95)