

5-20-97 B. 7565 -C
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FILED
May 20 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 # F93000001615 (4)

1. Corporation Name

JONES CHEMICALS, INC.

Principal Place of Business

80 MUNSON STREET
LE ROY NY 14482

Mailing Address

80 MUNSON STREET
LE ROY NY 14482-8933

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

03/05/1996

4. FFI Number

16-0809645

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

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

Tallahassee

FL

32301

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Raymond C. Buckley ASSISTANT SECRETARY, CORPORATION SERVICE COMPANY

5-14-97

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 D ☐ DELETE

NAME JONES, MARJORIE
STREET ADDRESS 298 PARK PLACE
CITY-ST-ZIP CALEDONIA NY

TITLE D ☐ DELETE

NAME RIZZO, SELBY
STREET ADDRESS 78 EAST MAIN ST
CITY-ST-ZIP LEROY NY

TITLE S ☐ DELETE

NAME BRUMBER, K R
STREET ADDRESS 8 ALLENVIEW DRIVE
CITY-ST-ZIP BATAVIA NY 14020

TITLE VCD ☐ DELETE

NAME PRICOLA, VITO
STREET ADDRESS 10 BOGUE AVENUE
CITY-ST-ZIP BATAVIA NY 14020

TITLE D ☐ DELETE

NAME JONES, R B
STREET ADDRESS TADMOR FARMS, NATIONS ROAD
CITY-ST-ZIP AVON NY 14414

TITLE D ☐ DELETE

NAME SHERWOOD, ELIZABETH J
STREET ADDRESS 2819 DENOON ROAD
CITY-ST-ZIP CALEDONIA NY 14423

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/Treas/CFO/D ☐ Change ☒ Addition

1.2 NAME Raymond C. Buckley
1.3 STREET ADDRESS 80 Munson Street
1.4 CITY-ST-ZIP LeRoy, NY 14482

2.1 TITLE D/C/P/CEO ☐ Change ☒ Addition

2.2 NAME Jeffrey W. Jones
2.3 STREET ADDRESS 80 Munson Street
2.4 CITY-ST-ZIP LeRoy, NY-14482

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.

CR2E034 (9/96)