

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000001575 (9)

1. Corporation Name

OLIN SERVICES, INC.



Principal Place of Business

10101 9TH STREET NORTH
ST PETERSBURG FL 33716

Mailing Address

10101 9TH STREET NORTH
ST PETERSBURG FL 33716

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address *Olin Corporation*

26

501 Merritt 7

27

Suite, Apt. #, etc.

Box 4500

28

City & State

29

Zip

30

Country

0856-4500 USA

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

06-1373867

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to register agent and/or change of address

Signature of Registered Agent (Signature required for new agent only)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PC
CATANI, ANGELO A
5928 SEABIRD DRIVE
GULFPORT FL 33707

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VD
STARTARI, JOSEPH F
2468 STAG RUN BLVD.
CLEARWATER FL 34625

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD
ROSLUND, CAROL L
722 CAPTIVA COURT NE
ST PETERSBURG FL 33702

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VATD
FISCHER, JOHN E
3023 GULF PLACE
CLEARWATER FL 34622

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D
PIERPONT, JANET M
120 LONG RIDGE ROAD
STAMFORD CT 06904

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 on attachment with an address.

SIGNATURE:

Janet M. Pierpont Janet M. Pierpont 4/15/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)