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Mar 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 # F96000002225 (8)

1. Corporation Name
CHEMREAL CORP.

Principal Place of Business
188 WILSHIRE RD
ROCHESTER NY 14618

Mailing Address
188 WILSHIRE RD
ROCHESTER NY 14618-1221



2. Principal Place of Business

21 2283 CR 951

Suite, Apt. #, etc.

22 City & State

23 Naples, FL 34116

Zip

24 34116

Country

25 Collier

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/03/1996

3a. Date of Last Report

4. FEI Number

16-0775372

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

GARLICK, THOMAS B ESQ
800 LAUREL OAK DR #400
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

Brian McAvoy Esq

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

83

800 Laurel Oak Dr #400

84 City

Naples

FL

85 Zip Code

34108

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/97

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

DCPT
PATERSON, ROBERT H
188 WILSHIRE RD
ROCHESTER NY 14618

TITLE NAME ☐ DELETE

DCVS
PATERSON, KATHLEEN M
188 WILSHIRE RD
ROCHESTER NY 14618

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
Robert H. Paterson
1.3 STREET ADDRESS
26230 Isle Way
1.4 CITY-ST-ZIP
Bonita Springs, FL 34134

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
DVS
2.3 STREET ADDRESS
Kathleen M. Paterson
26230 Isle Way
2.4 CITY-ST-ZIP
Bonita Springs, FL 34134

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:

Robert H. Paterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97 941-455-5254
Date Daytime Phone

CR2E034 (9/96)