

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G41588** (6)

1. Corporation Name  
**CHEMCON CORP.**



Principal Place of Business  
**653 ROCKET BLVD  
ORLANDO FL 32824**

Mailing Address  
**653 ROCKET BLVD  
ORLANDO FL 32824**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified **06/01/1983**  
3a. Date of Last Report **01/31/1995**

4. FEI Number  
**31-1017466**

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

**LABADIE, WILLIAM  
653 ROCKET BLVD  
ORLANDO FL 32824**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent (if not the corporation)

Signature of New Agent (if not the corporation)

Date

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS  | CITY-STATE-ZIP             | DELETE                   |
|-------|--------------------|-----------------|----------------------------|--------------------------|
| DP    | SULLIVAN, THOMAS P | 1021 HARVARD RD | GROSSE POINTE PK, MI 00000 | <input type="checkbox"/> |
| V     | LABADIE, WILLIAM F | 653 ROCKET BLVD | ORLANDO FL                 | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |
|       |                    |                 |                            | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | CHANGE                   | ADDITION                 |
|-------|------|----------------|----------------|--------------------------|--------------------------|
| 1     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9     |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 10    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 11    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 12    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 13    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 14    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 15    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 16    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 17    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 18    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 19    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |
| 20    |      |                |                | <input type="checkbox"/> | <input type="checkbox"/> |

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, or on an attachment with an address.

SIGNATURE: *Thomas P. Sullivan* **THOMAS P. SULLIVAN** 1/29/96 (313) 282-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)