## 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 # G43463** 

(0)

1. Corporation Name  ENGINEERED CHEMICALS, INC.  Principal Place of Business Mailing Address							
Principal Place of Business 6115 E. HARTFORD ST. P.O. BOX 2923 BRANDON FL 33509		6115 E. HARTFORD ST. P.O. BOX 2923					
		BRANDON FL 33509		3. Date Incorporated or Qualified 06/09/1983	3a. Date of Last R 04/26/199	95	
, intelligent times of the state of the stat		2a. Mailing Address	-		4. FEI Number 59-2294220	<u> </u>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		May Be	
Zip Country		Zip   Country		у	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes No		
	25 9. Name and Address of Curre	29 nt Registered Agent	130		10. Name and Address of New Registered Agent		
<del></del>	9. Name and Address of Curre	in tredistores whom	B1	Name			
REITER, ROBERT C.			82 Street Ac		ress (P.O. Box Number is Not Acceptal	ble)	
6115 E. H TAMPA F	HARTFORD ST.		8:	3			
THIN ATE COOK			8	4 Crty		FL 85 Z	ip Code
CIONIATI IDE	and agent, or bett, if the state of he, and accept the obligations of, Sec Sgnature, typeo or printed name of registered age			ent signature require	ed when reinstaling)  ADDITIONS/CHANGES TO OF		
ITLE NAME	C DELETE REITER, ROBERT C. 118 PARK LANE		1. 1 TITL 1.2 NAM	E		☐ Change	Maddition
STREET ADDRESS			. I	ET ADDRESS			
HY-ST-ZiP	WINTER HAVEN FL	ED OCIETE		-ST-ZIP		☐ Change	Addition
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TREE1 ADDRESS			2.3 STREET ADDRESS				
CITY - S1 - ZIP	WINTER HAVEN FL	11034514.6		· ST-ZIP		Change	Addition
TITLE NAME	P Reiter, Allen R	Deteri	3 1 TITI 32 NAN	1E		_	
STREET ADDRESS	4279 STAFFORD DRIVE			EET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL	DELETE	4. 1 TIT	/-ST-ZIP LE		☐ Char go	Addition
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THLE		☐ DELETE	6. 1 TH	LF		☐ Chang	e 🔲 Addilion
THLE NAME		☐ DELETE	6.2 NA	LF ME		[_] Chang	e [] Addition
THLE NAME STREET ADDRESS			6.2 NA 6.3 STF	ME ME REET ADDRESS	y for the exemption stated in Section 1	_	<b></b> -

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 119.0/(5)(K), Florida Statutes. Florida statutes in 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:

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128/96

941-294.946