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Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G75769**

(1)

1. Corporation Name  
**MEDCHEM CORP.**

Principal Place of Business

**4093 N IMPERIAL WAY  
PROVO UT 84604  
US**

Mailing Address

**4093 N IMPERIAL WAY  
PROVO UT 84604  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/22/1983**

4. FEI Number

**59-2356945**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CESTARI, JON~~  
~~8888 NORTHWEST 27TH ST.~~  
~~BOCA RATON FL 33433~~

81 Name

**RICHARD RACKLIFFE**

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

**1135 RUSSELL DRIVE**

83

84 City

**ST. PETERSBURG,**

**FL**

85 Zip Code  
**33710**

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

**RICHARD RACKLIFFE**

**3-20-98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
CALL, EUGENE C.  
4093 N IMPERIAL WAY  
PROVO UT 84604**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
CALL, MARVA  
4093 N IMPERIAL WAY  
PROVO UT 84604**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
TORRES, RIGOBERTO A.  
528 GRANADA  
GARLAND TX**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
TORRES, CYNTHIA ANN  
528 GRANADA  
GARLAND TX**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I 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:

*Eugene Call*

**EUGENE CALL**

**CHAIRMAN**

**3-16-98**

**801-224-5236**

CR2E034 (10/97)