

2-6-98 B- 1633 -c

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # G89914 (7)  
1. Corporation Name  
CHEM POLYMER CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2443 ROCKFILL ROAD, P.O. BNOX 6827, FT. MYERS FL 33916-4822, US

Mailing Address: 2443 ROCKFILL RD, P.O. BOX 6827, ANN ARBOR FL 48106, US

3. Date Incorporated or Qualified: 03/12/1984

4. FEI Number: 59-2448189

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: 21 2443 Rockfill Road, 22 PO Box 6927, 23 City & State, 24 Zip, 25 Country

2a. Mailing Address: 26 2443 Rockfill Road, 27 Suite, Apt. #, etc., 28 Ft. Myers Fl 33916, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent: LEE, JOHN C, 2443 ROCKFILL RD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City Fort Myers, 85 Zip Code FL 33916

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: Signature: typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, MICHAEL W	1.2 NAME	
STREET ADDRESS	2443 ROCKFILL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROHG, OLAF	2.2 NAME	
STREET ADDRESS	2443 ROCKFILL R D	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANSOM, KEITH GEOFFREY	3.2 NAME	
STREET ADDRESS	2443 ROCKFILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOHN	4.2 NAME	
STREET ADDRESS	2442 ROCKHILL RD.	4.3 STREET ADDRESS	2443 Rockfill Rd.
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	33916
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROHG, OLAF	5.2 NAME	
STREET ADDRESS	2443 RICKFILL ROAD	5.3 STREET ADDRESS	2443 Rockfill
CITY-ST-ZIP	FT. MYERS FL 33916-4822	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANSOM, KEITH G	6.2 NAME	
STREET ADDRESS	2443 RICKFILL ROAD	6.3 STREET ADDRESS	2443 Rockfill
CITY-ST-ZIP	FT. MYERS FL 33916-4822	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 supplementary 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: John C Lee 1/27/98 (au) 277-0404

CR2E034 (10/97)