

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90005 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G89914**

1. Corporation Name  
**CHEM POLYMER CORPORATION**



Principal Place of Business  
 2443 ROCKFILL ROAD  
 P O BOX 6927  
 FT. MYERS FL 33916  
 US

Mailing Address  
 2443 ROCKFILL ROAD  
 FT MYERS FL 33916  
 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2448189		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property.			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEE, JOHN C 2443 ROCKFILL RD FORT MYERS FL 33916				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	LEE, JOHN	1.2 NAME	
STREET ADDRESS	2443 ROCKFILL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33916	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 RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33916-4822	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANSOM, KEITH G	3.2 NAME	
STREET ADDRESS	2443 ROCKFILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33916-4822	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *John C. Lee* 7/2/99 337-0400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



July 2, 1999

588626-90005-10  
G89914

Florida Department of State  
Attn: Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Annual Report 1999

To Whom It May Concern,

In reference to a second notice received at our office today, please find enclosed our check #11934. We issued this check as replacement for our check #10602 issued 2/10/99 in the amount of \$150.00. I have enclosed photocopies of the original check and filing. Apparently the original check/report was lost, because the check remains outstanding according to our records.

In the interim, should you receive the original check, please issue a refund.

I appreciate your assistance and, should you need additional information, please give me a call.

Sincerely,

Chem Polymer Corporation

A handwritten signature in cursive script that reads "Pam Koper".

Pamela M. Koper  
Accounting Department