

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J00901 (5)  
1. Corporation Name  
S & S CHEMICAL CO., INC.



Principal Place of Business  
14818 FAVERSHAM CIRCLE  
ORLANDO FL 32826  
US

Mailing Address  
S&S CHEMICAL COMPANY, INC.  
1418 FAVERSHAM CIRCLE  
ORLANDO FL 32826  
US

2. Principal Place of Business  
21 209 Fairway Drive  
Suite, Apt. #, etc.  
22  
City & State  
23 Longwood, FL  
Zip Country  
24 32779 25 US  
26 565 Chemical Co., Inc.  
Suite, Apt. #, etc.  
27 P.O. Box 3464  
City & State  
28 Winter Springs, FL  
Zip Country  
29 32708 30 US

3. Date Incorporated or Qualified 02/25/1986  
3a. Date of Last Report 07/19/1995  
4. FEI Number 59-2664723  
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  
LACY, JUDY W.  
14818 FAVERSHAM CIRCLE  
ORLANDO FL 32826

10. Name and Address of New Registered Agent  
81 Name Lacy, Judy W.  
82 Street Address (P.O. Box Number is Not Acceptable) 209 Fairway Drive  
83  
84 City Longwood FL 85 Zip Code 32779

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 Judy W. Lacy, P.D. 7-26-96  
Signature of officer or director of registered agent and, if applicable, (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME LUCY, JUDY W.  
STREET ADDRESS 14818 FAVERSHAM CIRCLE  
CITY-ST-ZIP ORLANDO FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD  
1.2 NAME Lacy, Judy W.  
1.3 STREET ADDRESS 209 Fairway Drive  
1.4 CITY-ST-ZIP Longwood, FL 32779  
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy W. Lacy, P.D. 7-26-96 (407) 782-4776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)