**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # J75015 (4)

1. Corporate Name
CHEMKO TECHNICAL SERVICES, INC.

Principal Place of Business
% BILL B. HESHER
5325 US HWY 1
MIMS FL 32754-4824

Mailing Address
% BILL B. HESHER
5325 US HWY 1
MIMS FL 32754-4824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
City & State — 23
City & State — 28
Zip — 24 — 25 — 29 — 30

4. FEI Number: 59-2812269 — 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. Does corporation engage in business with the state pursuant to Section 287.084, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HESHER, BILL B.
5325 US HWY 1
MIMS FL 32754

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida and it has been authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | THOMASON NACY J. |
| STREET ADDRESS | 1671 FORD ROAD |
| CITY, ST, ZIP | MIMS FL 32754 |
| TITLE | ST |
| NAME | JONES, LEONARD |
| STREET ADDRESS | P.O. BOX 6137 N/A |
| CITY, ST, ZIP | TITUSVILLE FL 32782 |
| TITLE | V |
| NAME | THOMASON, JOSEPH P |
| STREET ADDRESS | 1671 FORD |
| CITY, ST, ZIP | MIMS FL 32754 |
| TITLE | CEO |
| NAME | HESHER GENEVA E. |
| STREET ADDRESS | 3705 SAWGRASS DR. |
| CITY, ST, ZIP | TITUSVILLE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | ☐ Change ☐ Addition |
| NAME | THOMASON, NANCY J. |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | JONES, LEONARD D. |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | 1671 FORD ROAD |
| CITY, ST, ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

14. I hereby certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall satisfy the requirement for a manual signature under rule 1.070(2) of the Uniform Rules of Procedure governing the use of facsimile equipment to transmit documents to the Department of State, Division of Corporations, Tallahassee, Florida, and that my name appears in Block 12 or Block 13 of the report or is attached with an addition.

SIGNATURE: Nancy J. Thomason
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95

(407) 269-4573
DAYTIME PHONE

0418178 FP