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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **J75015** **(4)**

1. Corporation Name

**CHEMKO TECHNICAL SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % BILL B. HESHER<br>5325 US HWY 1<br>MIMS FL 32754-4824 | % BILL B. HESHER<br>5325 US HWY 1<br>MIMS FL 32754-4824 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 5325 US #1 | 26 5325 US #1 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Mims, Florida | 28 City & State: Mims, Florida |
| 24 Zip: 32754-4824 25 Country: Brevard | 29 Zip: 32754-4824 30 Country: Brevard |

3. Date Incorporated or Qualified: 06/01/1987

3a. Date of Last Report: 05/01/1995

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. This corporation has liability for intangible tax under s. 199.032, 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: Jones, Leonard D.
82 Street Address (P.O. Box Number is Not Acceptable): 5325 US #1
83
84 City: Mims **FL** 85 Zip Code: 32754

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: Leonard D. Jones — Leonard D. Jones, President — 1-24-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's 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 | P<br>THOMASON, NANCY J.<br>1671 FORD ROAD<br>MIMS FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | VP/S<br>Olson, Christopher C.<br>55 Hillcrest Avenue<br>Titusville, FL 32796 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>JONES LEONARD D.<br>P.O. BOX 6137 N/A<br>TITUSVILLE FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | P<br>Jones, Leonard D.<br>P.O. Box 6137<br>Titusville, FL 32782 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>THOMASON, JOSEPH P<br>1671 FORD ROAD<br>MIMS FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | T<br>Jones, Pamela Stacy<br>5325 US #1<br>Mims, FL 32754 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>HESHER GENEVA E.<br>3705 SAWGRASS DR.<br>TITUSVILLE FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Leonard D. Jones — Leonard D. Jones — 1-24-96 — 407-269-4573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)