PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State*
DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90080 041 ***150.00

DOCUMENT #	J79346
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1. Corporation Name

CHEMSCO, INC.

d/b/a Southern-Most Foods Co.

Principal Place of Business

Mailing Address

2. Principal Place of Business 2a. Mailing Address 4. FEI	DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2a. Mailing Address 4. FEI	a Incorporated as Oscalifod	
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21 4233 EI Prado BIVd. 26 P.O.Box 13/09	Number Applied For	
	59-2843565 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cer	tifcate of Status Desired	
	ction Campaign Financing S5.00 May Be st Fund Contribution Added to Fees	
Zin Country Zin Country State	s corporation owes the current year Intangible	
□ 33629 □ IISA □ 33681=3709 □ IISA □ ""	sonal Property Tax.	
	ne and Address of New Registered Agent	
Theorem II Ohanness 81 Name		
Thomas W. Chancey		
	Box Number is Not Acceptable)	
Tampa, F1 33629		
· City	FL 85 Zip Code	
41. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sub-office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	mits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstati		
	ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT DELETE 1.1 TITLE	Change Addition	
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NAME Thomas W. Chancey		
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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 afficial 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF SIGNI

Thomas W. Chancey

05/18/99

(813) 831-2104

Daytime Phone #

CR2E034 (11/98)