

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # K83680

1. Entity Name
BASIC CHEMICALS, INCORPORATED



Principal Place of Business
**RICHARD E. SPOONER
8677 N OLD PALAFOX RD
PENSACOLA, FL 32534**

Mailing Address
**RICHARD E. SPOONER
8677 N OLD PALAFOX RD
PENSACOLA, FL 32534**



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2946270

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPOONER, RICHARD E.
8677 N OLD PALAFOX RD
PENSACOLA, FL 32514**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPOONER, MARIAN
STREET ADDRESS	PO BOX 7207
CITY- ST- ZIP	PENSACOLA, FL 32534
TITLE	VPD
NAME	WELLS, CHARLES V.
STREET ADDRESS	6831 COMMUNITY DR
CITY- ST- ZIP	PENSACOLA, FL
TITLE	STD
NAME	SPOONER, RICHARD E.
STREET ADDRESS	PO BOX 7207
CITY- ST- ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

0000000702968
04/20/07-80120-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marian M. Spooner (MARIAN M. SPOONER) ^{President} 4/10/07 850-477-9257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #