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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L17802 (4)

1. Corporation Name  
OAK-CHEM LIMITED, INC.

Principal Place of Business  
303 PABLO ROAD  
PONTE VEDRA FL 32082  
US

Mailing Address  
303 PABLO ROAD  
PONTE VEDRA FL 32082-1807  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
09/20/1989

3a. Date of Last Report  
03/29/1996

4. FEI Number

59-2968350

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

LIVENGOOD, DOLORES O  
\* 91 SAN JUAN DR. #1-3  
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

LIVENGOOD, DOLORES O.

82 Street Address (P.O. Box Number is Not Acceptable)

\* 303 PABLO RD.

83

84 City

Ponte Vedra Bch.

FL

85 Zip Code

32082

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

(Signature of registered agent or principal officer, if registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LIVENGOOD, JOHN C.  
STREET ADDRESS 91 SAN JUAN DRIVE, #1-3 \*  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE D  
NAME LIVENGOOD, DOLORES O.  
STREET ADDRESS 91 SAN JUAN DRIVE, #1-3 \*  
CITY-ST-ZIP PONTE VEDRA BEACH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE LIVENGOOD, JOHN C. D  
1.2 NAME \*  
1.3 STREET ADDRESS 303 PABLO RD.  
1.4 CITY-ST-ZIP Ponte Vedra Bch. FL 32082

2.1 TITLE D  
2.2 NAME LIVENGOOD, DOLORES O.  
2.3 STREET ADDRESS \*  
2.4 CITY-ST-ZIP 303 PABLO RD.  
Ponte Vedra Bch. FL 32082

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dolores O. Livengood, DOLORES O. LIVENGOOD, 4/14/97 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

Date

Day

285-1233

0018986

CR2E034 (9/96)