

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L49143 (5)**
1. Corporation Name
SUN RAY CHEMICAL CORPORATION



Principal Place of Business NICHOLAS RAY BARNETT, JR. DEBRA RIGGS 19509 ANGEL LANE 2045 GUNN HWY ODESSA FL 33556	Mailing Address DEBRA RIGGS NICHOLAS RAY BARNETT, JR. 19509 ANGEL LANE P.O. Box 437 ODESSA FL 33556-3911
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2. Principal Place of Business 21 2045 GUNN HWY Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 437 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/12/1990	3a. Date of Last Report 03/19/1996
22 City & State 23 ODESSA, FLA		27 City & State 28 ODESSA, FLA		4. FEI Number 59-3410856 59-3410856	Applied For Not Applicable
24 33556	25 PASCO	29 33556-0437	30 PASCO	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 ODESSA, FLA		28 ODESSA, FLA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33556	25 PASCO	29 33556-0437	30 PASCO	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARNETT, NICHOLAS RAY, JR. 19509 ANGEL LANE ODESSA FL 33556		10. Name and Address of New Registered Agent 81 Name DEBRA RIGGS 82 Street Address (P.O. Box Number is Not Acceptable) 17803 FALLOWFIELD DR. 83 84 City LUTZ FL 85 Zip Code 33549	
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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 *Debra Riggs* (NOTE: Registered Agent signature required when reinstating) DATE **3/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BARNETT, NICHOLAS RAY 19509 ANGEL LANE ODESSA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P D DEBRA RIGGS 17803 FALLOWFIELD DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARNETT, MORITA A. 19509 ANGEL LANE ODESSA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S KENT LOENHARDT 8403 WATA ROAD SEVERN, MD 21144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, MARTHA 19111 AMELIA CIRCLE LUTZ FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T SHARON LOENHARDT 8403 WATA ROAD SEVERN, MD 21144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Debra Riggs* DATE **3/24/97** DAYTIME PHONE # **813 920-9454**

CR2E034 (9/96)