

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90061 023 ***150.00

DOCUMENT # L65039

1. Corporation Name
CHEM-TEL INC.

Principal Place of Business

1313 8TH AVE
3RD FL
TAMPA FL 33605
US

Mailing Address

1313 8TH AVE
3RD FL
TAMPA FL 33605
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/12/1990

4. FEI Number

59-2998814

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SINGLETARY, THOMAS J.
10770 N 46TH STREET
SUITE B-100
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name Singletary, Thomas J.
82 Street Address (P.O. Box Number is Not Acceptable)
1313 8th Avenue
83 3rd Floor
84 City Tampa FL 85 Zip Code 33605

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

Thomas J. Singletary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETED |
|-------|-----------------------|-------------------------------|-------------|-------------------------------------|
| PV | SINGLETARY, THOMAS J. | 10770 N 46TH STREET STE B-100 | TAMPA FL | <input checked="" type="checkbox"/> |
| ST | DOSAL, WILLIAM O. | 6303 S BAYSHORE BLVD | TAMPA FL | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|-----------------------|---------------------------|-----------------|-------------------------------------|-------------------------------------|
| President | Elisabeth Tsokos | 1313 8th Avenue 3rd Floor | Tampa FL 33605 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| M | Peter Tsokos | 1313 8th Avenue 3rd Floor | Tampa FL 33605 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | Singletary, Thomas J. | 1313 8th Avenue 3rd Floor | Tampa FL 33605 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

8132480573

Daytime Phone #

CR2E034 (11/98)