FILE NOW: FILING FEE AFTER MAY 1 IS $22 .00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT O STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORA IONS

DOCUMENT # **M77884** **(8)**

1. Corporation Name

SUN COUNTRY CHEMICAL, INC.

Principal Place of Business	Mailing Address
C/O ROBERT D. LESSMEIER 2323 HIGHWAY 44 WEST INVERNESS FL 34453	C/O ROBERT D. LESSMEIER 2323 HIGHWAY 44 WEST INVERNESS FL 34453

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Coun
24 / 25	29 / 30

3. Date Incorporated or Qualified: **04/26/1988**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-2901464** ☐ 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

LESSMEIER, ROBERT D.
2323 HIGHWAY 44 WEST
INVERNESS FL 34450

10. Name and Address of New Registered Agent

6 Name

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

8

8 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abovenamed 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agt signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITL	☐ Change ☐ Addition
NAME	LESSMEIER, ROBERT D.		1.2 NAM	
STREET ADDRESS	2323 HIGHWAY 44 WEST		1.3 STRT ADDRESS	
CITY-ST-ZIP	INVERNESS FL		1.4 CITST-ZIP	
TITLE	D	☐ DELETE	2.1 TIT	☐ Change ☐ Addition
NAME	LESSMEIER, JOAN A.		2.2 NAM	
STREET ADDRESS	2323 HIGHWAY 44 WEST		2.3 STRT ADDRESS	
CITY-ST-ZIP	INVERNESS FL		2.4 CITST-ZIP	
TITLE	D	☐ DELETE	3.1 TIT	☐ Change ☐ Addition
NAME	MCKENDRY, TIMOTHY A.		3.2 NAM	
STREET ADDRESS	2323 HIGHWAY 44 WEST		3.3. STRT ADDRESS	
CITY-ST-ZIP	INVERNESS FL		3.4 CITST-ZIP	
TITLE	D	☐ DELETE	4.1 TIT	☐ Change ☐ Addition
NAME	MCKENDRY, MICHAEL J.		4.2 NAM	
STREET ADDRESS	2323 HIGHWAY 44 WEST		4.3 STRT ADDRESS	
CITY-ST-ZIP	INVERNESS FL		4.4 CITST-ZIP	
TITLE	D	☐ DELETE	5.1 TIT	☐ Change ☐ Addition
NAME	ROZEK, LESLIE A.		5.2 NAM	
STREET ADDRESS	2323 HIGHWAY 44 WEST		5.3 STRT ADDRESS	
CITY-ST-ZIP	INVERNESS FL		5.4 CITST-ZIP	
TITLE		☐ DELETE	6.1 TIT	☐ Change ☐ Addition
NAME			6.2 NAM	
STREET ADDRESS			6.3 STRT ADDRESS	
CITY-ST-ZIP			6.4 CITST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report lue 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: Robert D Lessmeier ROBERT D LESSMEIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Date _____ Daytime Phone # _____

CR2E034 (12/95)