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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 8:19

DOCUMENT # **P03139** **(3)**

1. Corporation Name
LUCIER CHEMICAL INDUSTRIES, LTD., INCORPORATED

Principal Place of Business	Mailing Address
415 PABLO AVE N P.O. BOX 49000 JACKSONVILLE FL 32240-000 US	415 PABLO AVE N P.O. BOX 49000 JACKSONVILLE FL 32240-000 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1984
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 13-3158103 ☐ 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

BONKOSKI, MARVIN E.
101 HARBOR ISLAND COURT
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name: Vincent J. Shea
82 Street Address (P.O. Box Number is Not Acceptable): 13600 Emerald Cove Ct.
83
84 City: Jacksonville FL 85 Zip Code: 32225

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: VINCENT J. SHEA 5/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	LUCIER, RICHARD J.	1.2 NAME		
STREET ADDRESS	707 S. 1ST ST. #601	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	~~LUCIER, ROBERT P.~~	2.2 NAME	Cooper, Gregory T.	
STREET ADDRESS	~~-08 ALCOTT RD~~	2.3 STREET ADDRESS	415 Pablo Ave	
CITY-ST-ZIP	~~CONCORD MA~~	2.4 CITY-ST-ZIP	Jacksonville Bch, FL 32250	
TITLE	~~VPD~~	3.1 TITLE	D	☑ Change ☐ Addition
NAME	~~BONKOSKI, MARVIN E.~~	3.2 NAME	Stechmiller, Bruce H. CJ.	
STREET ADDRESS	~~101 HARBOR ISLAND CT~~	3.3 STREET ADDRESS	1134 Salt Creek Dr.	
CITY-ST-ZIP	~~PONTE VEDRA BCH FL~~	3.4 CITY-ST-ZIP	Ponte Vedra FL 32082	
TITLE	~~D~~	4.1 TITLE	D	☑ Change ☐ Addition
NAME	~~EKSTROM,BRUCE K.~~	4.2 NAME	Cano, Jorge A.	
STREET ADDRESS	~~RT. 3,BOX 228~~	4.3 STREET ADDRESS	Monte Everest no. 205	
CITY-ST-ZIP	~~MARTHASVILLE MO~~	4.4 CITY-ST-ZIP	CP 11000 Mexico DF	
TITLE	~~D~~	5.1 TITLE	D	☑ Change ☐ Addition
NAME	~~KOLIDZEJ, DEBORAH J.~~	5.2 NAME	Lucier, Nancy J	
STREET ADDRESS	~~-10 FARVIEW DR.~~	5.3 STREET ADDRESS	109 Carbon Court W	
CITY-ST-ZIP	~~SOUTHBOROUGH MA~~	5.4 CITY-ST-ZIP	Ponte Vedra FL 32082	
TITLE	~~PD~~	6.1 TITLE		☑ Change ☐ Addition
NAME	~~MESSERLIE, DAVID, P~~	6.2 NAME		
STREET ADDRESS	~~201 TWELVE OAKS~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~PONTE VEDRA BEACH FL~~	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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, added or deleted.

SIGNATURE: VINCENT J. SHEA 6/5/95 (904) 241-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407061 FP