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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **08/24/1984**
3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): 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

SHEA, VINCENT J
13600 EMERALD COVE CT
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LUCIER, RICHARD J. 707 S. 1ST ST. #601 JACKSONVILLE BEACH FL	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CP Messerlie, David 201 Twelve Oaks Ponte Vedra, FL 32082	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOPER, GREGORY T 415 PABLO AVE JACKSONVILLE BEAHC FL	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Lucier, Robert 98 Alcott Rd. Concord, MA 01742	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHECHONGER, BRUCE H 1134 SALT CREEK DR PONTE VEDRA BCH FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Kolodziej, Deborah 15 Fairview Drive Southborough, MA 01772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANO, JORGE A MONTE EVEREST NO 205 CP 11000 MEXICO DF	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Ekstrom, Bruce Rte 3 Box 228 Marthasville, MO 63357	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCIER, NANCY J 109 CANNON CT W PONTE VEDRA FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Vincent J Shea — April 30 1996 — 904 241 1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #