

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P03139 (3)
1. Corporation Name
LUCIER CHEMICAL INDUSTRIES, LTD., INCORPORATED

Principal Place of Business
415 PABLO AVE N
P.O. BOX 49000
JACKSONVILLE FL 32240-0000
US

Mailing Address
415 PABLO AVE N
P.O. BOX 49000
JACKSONVILLE FL 32240-0000
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
08/24/1984

3a. Date of Last Report
05/01/1996

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MESSERLIE, DAVID
201 TWELVE OAKS
PONTE VEDRA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUCIER, ROBERT
98 ALCOTT RD
CONCORD MA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOLODZIEJ, DEBORAH
19 FAIRVIEW DR
SOUTHBOROUGH MA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EKSTROM, BRUCE
ROUTE 3, BOX 228
MARTHASVILLE MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUCIER, NANCY J
109 CANNON CT W
PONTE VEDRA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DN/S
SHEA, VINCENT
13600 EMERALD COVE CT
JACKSONVILLE, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
LUCIER, ROBERT
15 ONEIDA ROAD
ACTON, MA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
KOLODZIEJ, DEBORAH
19 FAIRVIEW DRIVE
SOUTH BORO, MA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
V
SCHECHINGER, BRUCE
1134 SALT CREEK DR
PONTE VEDRA, FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, on an appointment with an address.

SIGNATURE

CR2E034 (9/96)