


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

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 415 PABLO AVE N P.O. BOX 49000 JACKSONVILLE FL 32240-000 US			Mailing Address 415 PABLO AVE N P.O. BOX 49000 JACKSONVILLE FL 32240-000 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 08/24/1984 4. FEI Number 13-3158103 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHEA, VINCENT J 13800 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 <i>Vincent J Shea</i> DATE <i>7/20/98</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESSERLIE, DAVID		1.2 NAME		
STREET ADDRESS	201 TWELVE OAKS		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCIER, ROBERT		2.2 NAME		
STREET ADDRESS	15 ONEIDA RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ACTON MA		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOLODZIEJ, DEBORAH		3.2 NAME		
STREET ADDRESS	19 FAIRVIEW DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHBORO MA		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EKSTROM, BRUCE		4.2 NAME		
STREET ADDRESS	ROUTE 3, BOX 228		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARTHASVILLE MO		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCIER, NANCY J		5.2 NAME		
STREET ADDRESS	109 CANNON CT W		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHECHINGER, BRUCE		6.2 NAME		
STREET ADDRESS	1134 SALT CREEK DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		6.4 CITY-ST-ZIP		

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, on an attachment with an address.

SIGNATURE *Vincent J Shea* *7/20/98* *904.241.120*

CR2E034 (10/97)