

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90045 031 \*\*\*150.00

DOCUMENT # P03139

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1984

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D  
NAME LUCIER, ROBERT  
STREET ADDRESS 15 ONEIDA RD  
CITY-ST-ZIP ACTON MA

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vincent J. Shea 4/29/99 (904) 241-1200

Date

Daytime Phone #

CR2E034 (11/98)