

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P09259 (3)

1. Corporation Name
PURITAN/CHURCHILL CHEMICAL COMPANY

Principal Place of Business

916 ASHBY ST., N.W.
ATLANTA GA 30318

Mailing Address

916 ASHBY ST., N.W.
ATTN: REGINA CROTHERS
ATLANTA GA 30318-5228
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/26/1986

3a. Date of Last Report

04/22/1996

4. FEI Number

58-1660841

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 in block name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OOMS, ROBERT	
STREET ADDRESS	350 RESERVE RD	
CITY- ST- ZIP	CHELLENHAM VI	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, TOM	
STREET ADDRESS	916 ASHBY ST NW	
CITY- ST- ZIP	ATLANTA GA	
TITLE	SC	<input type="checkbox"/> DELETE
NAME	CROTHERS, REGINA	
STREET ADDRESS	918 ASHBY ST NW	
CITY- ST- ZIP	ATLANTA GA	
TITLE	Asst Sec	<input type="checkbox"/> DELETE
NAME	ROSS, KENNETH	
STREET ADDRESS	916 ASHBY ST	
CITY- ST- ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP	AUSTRALIA	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRUCE, RICK	
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	Asst Sec - S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROSS, KENNETH	
4.3 STREET ADDRESS	916 ASHBY ST	
4.4 CITY- ST- ZIP	ATLANTA, Ga. 30318	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address.

SIGNATURE:

Kenneth E. Ross, Asst Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97
Date

404-875-7321
Daytime Phone #

0011715

CR2E034 (9/96)