

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P09946 (5)

1. Corporation Name

LAROCHE INDUSTRIES INC.



Principal Place of Business

Mailing Address

1100 JOHNSON FERRY RD. NE
ATLANTA GA 30342

1100 JOHNSON FERRY RD. NE
ATLANTA GA 30342

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

04/25/1995

4. FEI Number

13-3341472

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME REED, GRANT O
STREET ADDRESS 880 CLUB CHASE LANE
CITY-ST-ZIP ROSWELL GA

TITLE CEO ☒ DELETE

NAME HENDERSON, C. M.
STREET ADDRESS 6185 RIVERWOOD DR, NW
CITY-ST-ZIP ATLANTA GA

TITLE VST ☐ DELETE

NAME PRINZO, F. J.
STREET ADDRESS 5401 REDFIELD DR
CITY-ST-ZIP ATLANTA GA

TITLE VAS ☐ DELETE

NAME LINDER, HARVEY R.
STREET ADDRESS 235 WOODRILL WAY
CITY-ST-ZIP DUNWOODY GA

TITLE AS ☐ DELETE

NAME CORDARO, RALPH C.
STREET ADDRESS 2714 EAGLE RIDGE ROAD
CITY-ST-ZIP MARIETTA GA

TITLE AS ☐ DELETE

NAME FARMER, QUENTIN B
STREET ADDRESS 5130 HOLLY SPRINGS DR
CITY-ST-ZIP DOUGLASVILLE GA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Quentin B. Farmer, Jr., Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

404-851-0347

Daytime Phone #

CR2E034 (12/95)