

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90045 018 ***150.00

DOCUMENT # P19445

1. Corporation Name

BULK CHEMICALS, INC.

Principal Place of Business

OLD AIRPORT ROAD
RD 0-964
READING PA 19605
US

Mailing Address

OLD ROUTE 61
P.O. BOX 186
MOHRVILLE PA 19541-0186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1988

4. FEI Number

23-1922454

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 1074 STINSON DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 1074 STINSON DRIVE

Suite, Apt. #, etc.

City & State

23 READING PA

Zip Country

24 19605-9440 25 USA

City & State

28 READING PA

Zip Country

29 19605-9440 30 USA

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ DELETE
NAME **SATORIS, PERCY A., III**
STREET ADDRESS **P.O. BOX 186 N/A**
CITY-ST-ZIP **MOHRVILLE PA 19541**

TITLE **VD** ☐ DELETE
NAME **IKE, CHARLES**
STREET ADDRESS **P.O. BOX 186 N/A**
CITY-ST-ZIP **MOHRVILLE PA 19541**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **1074 STINSON DRIVE
READING PA 19605-9440**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **1074 STINSON DRIVE
READING PA 19605-9440**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **RIVERA, JOSE B
1074 STINSON DRIVE
READING PA 19605-9440**

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 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

01/19/99

Date

(610)926-4128

Daytime Phone #

CR2E034 (1/98)