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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P22671

1. Corporation Name

CHEM LAB PRODUCTS, INCORPORATED

Principal Place of Business

**300 E 2ND STREET
SUITE 1310
RENO NV 89501-1510
US**

Mailing Address

**300 E. 2ND ST.
1310
RENO NV 89501
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1989

4. FEI Number

95-2013542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CHRISTENSEN, DAVID
8410 SE 7TH AVENUE ROAD
OCALA FL 34480**

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 **PD** ☐ DELETE
NAME **HITCHENS, RANDALL**
STREET ADDRESS **5770 W BROOKDALE DR**
CITY-ST-ZIP **RENO NV 89523**

TITLE **VD** ☐ DELETE
NAME **CHRISTENSEN, DAVID**
STREET ADDRESS **8410 SE 7TH AVENUE**
CITY-ST-ZIP **OCALA FL**

TITLE **SD** ☐ DELETE
NAME **SCHONK, DEBRA**
STREET ADDRESS **405 RIVER BEND DR.**
CITY-ST-ZIP **RENO NV**

TITLE **VD** ☐ DELETE
NAME **CHRISTENSEN, JOHN A.**
STREET ADDRESS **2909 WILDERNESS CIR.**
CITY-ST-ZIP **CORONA CA**

TITLE **DT** ☒ DELETE
NAME **CHISTENSEN, JOY A.**
STREET ADDRESS **8818 CLUB HOUSE DR**
CITY-ST-ZIP **DESERT HOT SPRINGS CA**

TITLE **DV** ☐ DELETE
NAME **ZILER, LAUREN**
STREET ADDRESS **3951 REGAL DR.**
CITY-ST-ZIP **RENO NV**

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

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 **SD**
3.3 STREET ADDRESS **SCHONK, DEBRA**
3.4 CITY-ST-ZIP **23626 AIROSA PL**
MORENO VALLEY CA 92557

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:

RANDALL HITCHENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

775 329-7595

CR2E034 (11/98)