FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 20 AM 7:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P23017** **(7)**

1. Corporation Name
ALLIED COLOIDS INC.

Principal Place of Business	Mailing Address
2301 WILROY ROAD SUFFOLK VA 23434	PO BOX 620 SUFFOLK VA 23439-0620 US

3. Date Incorporated or Qualified: **02/16/1989**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **13-2640053** ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, PETER		1.2 NAME		
STREET ADDRESS	1309 PESTWICK COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHESAPEAKE VA		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALMOND, DAVID		2.2 NAME		
STREET ADDRESS	4950 CYPRESS POINT CIRCLE #204		2.3 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA 23455		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	HOLMES, ROBERT		3.2 NAME	Robert Chalmers	
STREET ADDRESS	1106 BUFOID COURT		3.3 STREET ADDRESS	4052 Devon Place	
CITY-ST-ZIP	CHESAPECKE VA 23320		3.4 CITY-ST-ZIP	Chesapeake, VA	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KORB, GEROLD		4.2 NAME		
STREET ADDRESS	306 PARK ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORTSMOUTH VA		4.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JUDY BRENSAHAN		5.2 NAME		
STREET ADDRESS	118 SPRINGFIELD TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUFFOLK VA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****165.00 ****165.00

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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: _____ 6/20/97 757-539-2731