

**ANNUAL REPORT
1995**

Florida Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004852 (8)

1. Corporation Name

AMERICAN INDUSTRIAL CHEMICALS, INC.

Principal Place of Business

**7015 ASPEN AVENUE
TAMPA FL 33637**

Mailing Address

**PO BOX 18738
TAMPA FL 33687-6738
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/21/1993** 3a. Date of Last Report **04/25/1994**

21	2. Principal Place of Business	26	26. Mailing Address	4.	FEI Number	Applied For				
			P.O. Box 16798		59-3161182	Not Applicable				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
			Tampa, FL							
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
					33687-6738		USA			

9. Name and Address of Current Registered Agent

**IMMEL, WILLIAM O
7015 ASPEN AVENUE
TAMPA FL 33637**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMMEL, WILLIAM O	1.2 NAME	
STREET ADDRESS	7015 ASPEN AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33637	1.4 CITY - ST - ZIP	
TITLE	VTDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMMEL, CAROLYN L	2.2 NAME	
STREET ADDRESS	7015 ASPEN AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33637	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: *William O. Immel*
WILLIAM O. IMMEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 *813/985-0763*
DATE AND TELEPHONE NUMBER