

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000004852 (8)

1. Corporation Name

AMERICAN INDUSTRIAL CHEMICALS, INC.



Principal Place of Business

7015 ASPEN AVENUE
TAMPA FL 33637

Mailing Address

P.O. BOX 16798
TAMPA FL 33687-6798
US

3. Date Incorporated or Qualified
01/21/1993

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 4215 W. AIVA ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27

City & State

City & State

23 TAMPA, FL

28

Zip

Country

Zip

Country

24 33614-7645

25

Hillsborough

29

30

4. FEI Number

59-3161182

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

IMMEL, WILLIAM O
7015 ASPEN AVENUE
TAMPA FL 33637

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. If not, typed name of registered agent or director applying.

NOTE: Registered Agent signature required when re-instating.

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME IMMEL, WILLIAM O
STREET ADDRESS 7015 ASPEN AVENUE
CITY-ST-ZIP TAMPA FL 33637

TITLE VTDS ☒ DELETE

NAME IMMEL, CAROLYN L
STREET ADDRESS 7015 ASPEN AVENUE
CITY-ST-ZIP TAMPA FL 33637

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 C/P/D/T/S ☒ Change ☐ Addition

1.2 NAME Immel, William O.
1.3 STREET ADDRESS 7015 ASPEN AVENUE
1.4 CITY-ST-ZIP TAMPA, FL 33637

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME LaPlante, John L.
2.3 STREET ADDRESS 4215 W. AIVA ST.
2.4 CITY-ST-ZIP TAMPA, FL 33614-7645

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (813) 876 5576
Date Daytime Phone #

CR2E034 (12/95)