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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300004852

1. Corporation Name

AMERICA	AN INDUSTRIAL CHEMICAL	S, INC.				
Principal Place	e of Business	Mailing Address			* 100%/00% 110 14180 11% 100% 180/1 00% 1 90/1 1	INDU TOTAL DUITE LIBE IDDI
5805 N 50TH ST P.O. BOX 16798 UNIT 75 TAMPA FL 33687-6798 US				·	DO NOT WRITE IN THIS SPA	.СЕ
, us					3. Date Incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address					01/21/1993 4. FEI Number	A solind For
						Applied For Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				-	59-3161182	8.75 Additional
27					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip			Country		8. This corporation owes the current year Intangil	ole
24	25	29	10		Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Age	nt
			81	Name		
LAPLANTE, JOHN L 5805 N 50TH ST			82 Street Ad		Address (P.O. Box Number is Not Acceptable)	
					<u> </u>	
UNIT 75			83			
TAMPA FL 33610			84	City	8	5 Zip Code
			ļ	•	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 registere 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 a	m familiar with, and accept the obliga	tions of, Section 607.0505, Floric	da Statutes.		, and	
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			legistered Agen	t signature rec	Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IDECTORS IN 12
12.	PDTS OFFICERS AND DIRECTORS		1.1 TITLE	T	The state of the s	Change Addition
NAME	IMMEL, WILLIAM O		1.2 NAME			
STREET ADDRESS	TO AT A OPEN A SET OFF		1.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST			
TILE	VD	☐ DELETE	2.1 TITLE			Change
NAME	LA PLANTE, JOHN L.	-	2.2 NAME			_
STREET ADDRESS	5802 N 50TH ST UNIT 75		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-S			
TITLE	ST	☐ DELETE	3.1 TITLE			Change
NAME	LANDRIE, JOANNE A		3.2 NAME			
STREET ADDRESS	5805 N 50TH ST UNIT 75		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-S	T-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE			Change
NAME	IMMEL, CAROLYN L		4. 2 NAME			
STREET ADDRESS	7015 ASPEN AVE		4.3 STREET	ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-S1	- ŽIP		
TITLE		☐ DELETE	5.1 TITLE		. 🗆	Change Addition
NAME			5.2 NAME	j	3	
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		
TITLE		DELETE	6.1 TITLE			Change
NAME			6.2 NAME	1	•	
STREET ADDRESS		, •	6.3 STREET			
CITY-ST-ZIP			6.4 CITY-S1	-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:

CITY-ST-ZIP