

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 # P94000009824 (1)

1. Corporation Name

MCLEAN CHEMICAL SALES, INC.

Principal Place of Business

904 JAN-MAR COURT
STE A
CLERMONT FL 34711
US

Mailing Address

PO BOX 120389
CLERMONT FL 34712



3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, RICHARD H
700 ALMONT STREET
CLERMONT FL 34712

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 the (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCLEAN, W B SR	
STREET ADDRESS	300 TRANQUILITY LANE	
CITY-STATE-ZIP	SEBRING FL 33870	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCLEAN, SUSAN	
STREET ADDRESS	637 8TH STREET	
CITY-STATE-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEAN, W B JR	
STREET ADDRESS	637 8TH STREET	
CITY-STATE-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEAN, W B III	
STREET ADDRESS	637 8TH STREET	
CITY-STATE-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEAN, JOHN S	
STREET ADDRESS	6932 KENWOOD PLACE	
CITY-STATE-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEAN, R. SCOTT	
STREET ADDRESS	688 OLK BERKLEY ROAD	
CITY-STATE-ZIP	AUBURNEALE FL 33823	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	McLean, W.B. III
4.4 CITY-STATE-ZIP	13130 Hartle Road Clermont, FL 34755
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Ben McLean III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben McLean III
Vice President

Date

Day/Time Phone #

02/06/96 904-999-9999

CR2E034 (12/95)