

2-12-98 B-1948 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000009824 (1)

1. Corporation Name
MCLEAN CHEMICAL SALES, INC.

Principal Place of Business

804 JAN-MAR COURT
STE A
CLERMONT FL 34711
US

Mailing Address

PO BOX 1044
MINNEOLA FL 34755
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

4. FEI Number

APPLIED FOR 59-3330052

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LANGLEY, RICHARD H
700 ALMONT STREET
CLERMONT FL 34712

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

Signature typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCLEAN, WILLIAM BENJAM III	
STREET ADDRESS	PO BOX 1201	
CITY-ST-ZIP	MINNEOLA FL	

TITLE	ST	☒ DELETE
NAME	MCLEAN WILLIAM BEJAMIN SR	
STREET ADDRESS	PO BOX 120902	
CITY-ST-ZIP	CLERMONT FL	

TITLE	D	☐ DELETE
NAME	MCLEAN, W B JR	
STREET ADDRESS	637 8TH STREET	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	VP	☐ DELETE
NAME	MCLEAN, JOHN S	
STREET ADDRESS	5028 STRAFFORD OAKS DR	
CITY-ST-ZIP	SEBRING FL	

TITLE	D	☐ DELETE
NAME	MCLEAN, JOHN S	
STREET ADDRESS	6932 KENWOOD PLACE	
CITY-ST-ZIP	SEBRING FL 33870	

TITLE	D	☐ DELETE
NAME	MCLEAN, MARK V	
STREET ADDRESS	260 HUNTLEY DR S	
CITY-ST-ZIP	LAKE PLACID FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	McLean, William Benjamin III	
1.3 STREET ADDRESS	301 Bloxam Ave., Clermont, FL 34711	
1.4 CITY-ST-ZIP		

2.1 TITLE	Director	☒ Change ☒ Addition
2.2 NAME	McLean William Benjamin SR	
2.3 STREET ADDRESS	300 Tranquility Lane	
2.4 CITY-ST-ZIP	Sebring, FL 33870	

3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	McLean, W.B. JR	
3.3 STREET ADDRESS	20574 Sugarloaf Mtn. Rd	
3.4 CITY-ST-ZIP	P.O. Box 120902 Clermont, FL 34711	

4.1 TITLE	ST	☐ Change ☒ Addition
4.2 NAME	Sanders, Helen A.	
4.3 STREET ADDRESS	8927 Village Green Blvd.	
4.4 CITY-ST-ZIP	Clermont, FL 34711	

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 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: William B. McLean III

352-442-9989

CR2E034 (10/97)