

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000009824** ✓

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 1044
MINNEOLA FL 34755
US**

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90004 019 ***550.00



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26		01/31/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-3330052	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	PD <input type="checkbox"/> DELETE MCLEAN, WILLIAM B III 301 BLOXAM AVE CLERMONT FL 34711	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE MCLEAN, WILLIAM B SR 300 TRANQUILITY LANE SEBRING FL 33870	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE MCLEAN, WILLIAM B JR PO BOX 120902 20574 SUGARLOAF MOUNTIN RD CLERMONT FL 34712-0902	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
FILE	VP <input type="checkbox"/> DELETE MCLEAN, JOHN S 5028 STRAFFORD OAKS DR SEBRING FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE MCLEAN, JOHN S 6932 KENWOOD PLACE SEBRING FL 33870	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE MCLEAN, MARK V 260 HUNTLEY DR S LAKE PLACID FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7/1/99

Date

Daytime Phone #

CR2E034 (5/99)

01182398