

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000047227 (1)

1. Corporation Name
CHEMAK, INC.

95 MAY -1 AM 11:41

*CORRECTIONS
MADE BY INSPECTOR
FROM MACKSHA
THOMAS
EXAMINER*

Principal Place of Business Mailing Address
**7520 CARRIER ROAD
FORT MYERS FL 33912** **7520 CARRIER ROAD
FORT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/20/1994

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number 4b. Applied For
65-0505097 **FEDERAL** **Not Applicable**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired \$0.75 Additional
Trust Fund Contribution Fee Required

City & State City & State
23 28

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

Zip Country Zip Country
24 25 29 30

8. This corporation has liability for foreign tax under S. 139.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MACKINNON, DAVID A
7520 CARRIER ROAD
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 agent 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 re-registering DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MACKINNON, DAVID A
STREET ADDRESS	7520 CARRIER ROAD
CITY - ST - ZIP	FORT MYERS FL 33912
TITLE	D
NAME	MACKINNON, CHERYL
STREET ADDRESS	7520 CARRIER ROAD
CITY - ST - ZIP	FORT MYERS FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

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 110.07(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]* 4-6-95 565-4966