FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 MAY 10 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066670 (8)

1. Corporation Name

PREMIER CHEMICAL CORPORATION

Principal Place of Business	Mailing Address
3120 MARLIN AVE TAMPA FL 33611	3120 MARLIN AVE TAMPA FL 33611

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report: 07/27/1995
4. FEI Number: 59-3268303 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 1606 W. Crest Ave
22 Suite, Apt. #, etc.
23 City & State: Tampa FL
24 Zip: 33614 25 Country: Hillsborough

2a. Mailing Address
26 3120 Marlin Ave
27 Suite, Apt. #, etc.
28 City & State: Tampa FL
29 Zip: 33611 30 Country: Hillsborough

9. Name and Address of Current Registered Agent

SPARKS, DAVID W
3120 MARLIN AVE
TAMPA FL 33611

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

300001821153
-05/14/96--01123--009
****225.00 ****225.00

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SPARTS, MICHELLE D	
STREET ADDRESS	3120 MARLIN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ DELETE
NAME	SPARKS, DAVID	
STREET ADDRESS	3120 MARLIN AVE	
CITY-ST-ZIP	TAMPOA FL	
TITLE	S	☐ DELETE
NAME	SPARKS, DAVID	
STREET ADDRESS	3120 MARLIN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☐ DELETE
NAME	SPARKS, MICHELLE	
STREET ADDRESS	3120 MARLIN AVE	
CITY-ST-ZIP	TAMOPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	MPL	
6.3 STREET ADDRESS	5-10-96	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 OR DIRECTOR

Date: 5-2-96
Daytime Phone #: 813-839-1218