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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000018911 (4) DOCUMENT # SERVICE CHEMCO INTERIORS, INC. Principal Place of Business Mailing Address 4698 SIESTA CIRCLE **4698 SIESTA CIRCLE** FORT MYERS FL 33901 FORT MYERS FL 33901 3. Date incorporated or Qualified 03/07/1995 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0039018 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOK, CHALMER W 82 Street Address (P.O. Box Number is Not Acceptable) **4698 SIESTA CIRCLE** FORT MYERS FL 33901 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 office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. re in lating. DATE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE DELETE 1.1.11.1 Change ■ Addition COOK, CHALMER W NAME 4698 SIESTA CIRCLE STREET ADDRESS 1.3 STPEET ADDRESS FORT MYERS FL 33901 CHTY - ST - ZIP 14 0 TY - ST-7/2 VSTD TITLE DELETE 2 1 10 LE ncitibbA [] Change COOK, GRETCHEN E NAM: 2.2 NAME **4698 SIESTA CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL 33901 CITY-ST-ZIP 24 CITY - ST-2IP TITLE DECETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4.011y - \$1 - ZIF Tille DELETE 4 1 THELE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4.C.Tr - ST - 7/P TITLE DELFIE 5 I TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ACORESS CITY-ST-ZIP 5.4 CHY - S7 ZIP TITLE [] DELETE 6 1 TIFLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. To hereby certify that the information supplied with this fling is voluntarily turnished 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 coath; 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

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

941-936-5024