

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000001928**

SAFEWAY CHEMICAL, INC.

Mailing Address Principal Place of Business 561 SE 13TH COURT 561 SE 13TH COURT POMPANO BEACH FL 33060 POMPANO BEACH FL 33060

FILED Mar 09, 1999 8:00 am **Secretary of State**

03-09-1999 90128 029 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/08/1997 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0718905 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 Country This corporation owes the current year Intangible Country Ζiρ ☐ Yes □No Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SAUERS, JOHN Street Address (P.O. Box Number is Not Acceptable) 561 SE 13TH COURT POMPANO BEACH FL 33060 85 Zip Code 84 City 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. ANIEL VICE PRI SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change 1.1 TITLE DELETE TITLE SAUERS, JOHN 12 NAME NAME 561 SE 13TH COURT 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 1.4 CITY-ST-ZP CITY-ST-ZIP Addition Change DELETE 21 TITLE me 22 NAME DANIEL, SCOTT NAME 17025 NW 52 PLACE 23 STREET ADDRESS STREET ADDRESS CAROLL CITY FL 33055 2.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change. DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF Change ____ Addition DELETE = 4.1 TIRE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS

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 Statules. 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 chapted, of on an attachment with an address, with all other like empowered.