FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000021267 (4)

LARGO CHEMICAL COMPANY

Principal Plac	e of Business	Mailing Address			INDU IIDIO IIBID MHIN IOON IOON
		POST OFFICE BOX 97			
		INDIAN ROCKS BEACH F	L 33785	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IS OF FICE
1				03/07/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-343/469	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 /IP	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Cure		1	10. Name and Address of New Registers	
AM	ERILAWYER CHARTERED		81 Name 1	1. C. Palkans	
,	ALMERIA AVENUE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33134		3,100,74	440 Harbor Way	5011
			B3	7	
]			84 City /		85 Zip Code
Ĺ			L-6	irgo F	L 33774
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute of Florida, Such change was a	es, the above-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
agent la	m familiar wife, and accept the ob-	ligations of Section 607.0505, Fic	orida Statutes	anon's board of differents. Thereby adopt the	VaC
SIGNATURE	Stgnature, typind or printed starter of regions feel	leng_		2//	4198
12.		agentandar ciliand cable (NOT) AND DIRECTORS	Hingistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	REHKEMPER, ALAN C		1.2 NAME		_ ,
STREET ADDRESS	11440 HARBOR WAY, UNIT	5011	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		1.4 CITY-ST-ZIP		·
TITLE	VSD	DELETE	2.1 TITLE		Change Addition
NAME	REHKEMPER, JEWEL J		2.2 NAME		
STREET ADDRESS	11440 HARBOR WAY, UNIT	5011	2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		ביין ניתונונ	4.1 T(TLE 4.2 NAME		Li Anguige Li Madilloli
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-Zip		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP]
TITLE		☐ DELETE	61 TITLE		Change Addition
			-		

14. Thereby 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 withyap address

6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

IGNATURE AND TYPED OR PHINTED NAME OF GRIDNING OFFICER OR DIRECTOR

2/4/18

Daytime Phone # 040717

FILED

Feb 25 1998 8:00am

Secretary of State