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

FILED Feb 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000068150 (6) SOUTHEAST CHEMICALS, INC. Principal Place of Business Mailing Address 7544 WILES RD., STE. 103 7544 WILES RD., STE. 103 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1997 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required LAUDERONK, FL. 6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible BROWARD BROWARD Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 21 Name LAMANNA, PATRICK 7544 WILES RD., STE. 103 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33067 83 84 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 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE LAMANNA, PATRICK 1.2 NAME NAME **CR2E034** 7544 WILES RD., STE. 103 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 GITY - ST-ZIP CITY-ST-ZIP ___ Addition DELETE 31 DILE __ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CiTY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS SYREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

DELETE

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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

*488-854370*7

Change

Addition