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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90064 036 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S00754

1. Corporation Name

Principal Place of Business

MERIT CHEMICAL COMPANY

1532 KINGSLEY AVE. P.O. BOX 1685 SUITE 105 ORANGE PARK FL 32067 ORANGE PARK FL 32067 US							DO NOT WRITE IN THIS SPACE								
US US						3.	. Date In	corporate	ed or Qu	ualifed					
							09/19/	/1990							
2. Principal P	lace of Business	2a. Mailing Addres	s			4.	. FEI Nui						Appl	lied For	
21 26							59-30	30219					Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							The state of the s					\$8.75 Additional			
22 27							. Certifca	ite of Sta	itus Des	ired			e Req		
City & State City & State							. Election	n Campa	ign Fina	ncing		\$5	. 00 м	lav Be	
23		28					Trust Fo	und Conf	tribution				ded to		
Zip	Zip Country Zip C					8.	. This co	rporation	owes th	ne curre	nt year In	tangible			
24	25 29 30					Personal Property Tax.							. [□No	
	9. Name and Address of Current	Registered Agent				10.	Name a	and Add	ress of	New R	egistered	Agent			
				81	Name	e									
CHESTANG, BOBBY G.				82	Ctron	treet Address (P.O. Box Number is Not Acceptable)									
1532 KINGSLEY AVE.				62	2000	it Addiess (r	r.U. BUX	Number	15 1401 7	recepta	ole)			•	
STE	105			83		-			. :			4.1	, j. 3.	1377	
ORA	NGE PARK FL 32073						•		***	<u> </u>	. `	. Post	7i- C-	and in	
				84	City					•	FL	85	Zip Co	oge 	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the a	bove	-name	d corporatio	on submit	s this sta	tement	for the p	ourpose o	f changir	ng its re	gistered	
L' office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida, Such change	was authorized	d hv t	he con	poration's be	opard of d	irectors.	I hereby	/ accep	t the appo	intment	as regi	stered	
29E2731	Carrier with and acceptance obligation	ons or, decilon our.ds	oo, 1 lorida otal	uics.											
SIGNATURE	Signature, typed or printed name of registered agent	and title if annticable	(NOTE: Registered	1 Agent	signature	e required when I	reinstating)	* ,1		•	DATE				
12.	OFFICERS ANI	1	13.	-				NS/CHA	NGES 1	TO OFF	ICERS A	ND DIRE	CTOR	S IN 12	
TITLE	P	☐ DEL		ITLE				. , .				☐ Cha		☐ Addition	
NAME	CHESTANG, BOBBY GLEN		1.2 N	AME											
STREET ADDRESS	2451 WHIPPOORWILL LANE				ADDRES:	s									
	ORANGE PARK FL		•	ITY-ST		Ĭ									
CITY-\$T-ZIP	V	□ DELI			-ZIF							Cha	ange	Addition	
		_	2.2 N									_			
NAME	CHESTAND, BRADLEY DEWIGHT				100000	_ ا									
STREET ADDRESS	2451 WHIPPOORWILL LANE				ADDRESS	8									
CITY-ST-ZIP	ORANGE PARK FL			CITY-ST	-ZIP	+					**	☐ Cha	2000	Addition	
TITLE													ange		
NAME:			3.2 N			•									
STREET ADDRESS	• •				ADDRES	s		1	.* *						
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TITLE		☐ DELI										Cha	ange	Addition	
NAME			4, 2 N	IAME											
STREET ADDRESS			4.3 \$	TREET	ADDRESS	s									
CITY-ST-ZIP	• •			TY-ST	-ZiP										
TITLE	· ·	DELI										☐ Cha	ange	☐ Addition	
NAME		•	5.2 N	AME			· .								
STREET ADDRESS		•	5.3 S	TREET	ADDRES:	s	•								
CITY-ST-ZIP				ITY-ST	-ZIP										
TITLE	<u> </u>	. □ DELI	ETE 6.1 T	TLE			,					Cha	ange	☐ Addition	
NAME			6.2 N	AME											
STREET ADDRESS			6.3 S	TREET	ADDRES:	s									
CITY-ST-ZIP			6.4 C	TY-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 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 attact that with an address, with all other like empowered.