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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S94408** (9)

1. Corporation Name
PROFESSIONAL CHEMICAL APPLICATIONS BY LEA'S INC.

Principal Place of Business	Mailing Address
309 MICHIGAN AVE DAYTONA BEACH FL 32114 US	PO BOX 1190 DAYTONA BEACH FL 32115 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1991

2. Principal Place of Business 21 217 Ridgewood	2a. Mailing Address 26 P.O. Box 1190
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Holly Hill FLA.	City & State 28 DAYTONA FLA.
Zip / Country 24 32117 / 25 Volusia	Zip / Country 29 32115 / 30 Volusia

4. FEI Number: 59-3098420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEA, CATHY 784 SUGAR HOUSE DR PORT ORANGE FL 32118 32119	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 SAME 84 City FL 85 Zip Code 32119

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEA, CATHY		1.2 NAME		
STREET ADDRESS	784 SUGAR HOUSE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32119		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEA, CATHY		2.2 NAME		
STREET ADDRESS	784 SUGAR HOUSE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32119		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			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 attachment with an address.

SIGNATURE: X Cathy Lea 2-26-98 904-252-8163