## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V08661 **DOCUMENT #** 

(3)

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1 .0-40- N.AII	INTERNATIONS	IMI .

CHEMIL INTERNATIONAL, INC.									
Principal Place	of Business	Mailing Address				I TABLE BEIDE BOOK HOME DEITH BER	81 1 <del>10</del> 1 91811 81	811 B1811 B181	EL GIMII MINII 1881
1094 HOOK Spring Hil US	( DRIVE LL FL 34608	1094 HOOK DRIVE SPRING HILL FL 346 US	08						
						3. Date Incorporated or Qualified 01/21/1992		of Last Re 3/02/19	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-3104538		1	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Žip <b>24</b>	Country 25	Zıp <b>29</b>	<b>30</b>	ntry		8. This corporation has liability for Florida Statutes Yes		x under s	199.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered /	<b>Agent</b>	
				81	Name				
	r, george e. Iook drive			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
	G HILL FL 34606			83					
				84	City		FL	85 Zıç	p Code
or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	ia. Such change was authorized.	ed by the c	vo-na corpo	amed corp ration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo	pose of cha pintment as	nging its registered	egistered office i agent. I am
SIGNATURE						, <u> </u>		· · · · · · · · · · · · · · · · · · ·	
12.	Signature, typed or printed name of registered agent of OFFICERS AND		TE: Registered	Agent	signature requ	irod when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1 1 1	ITLE		ADDITIONS OF INVOCES TO SET	<u>-</u>	Change	☐ Addition
NAME	MILLER, GEORGE E.	_	1 2 NA				_	- '	
STREET ADDRESS	1094 HOOK DRIVE				ADDRESS				
CITY-ST-ZIP	SPRING HILL FL		14 CI						
TITLE	VD	DELFTE	2 1 1)					Change	☐ Addition
NAMÉ	MILLER, RICHARD A.	<del></del>	2 2 NA	AME					
STREET ADDRESS	1501 HIGHCREST CIRCLE		2.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	VALRICO FL		2 4 CI						
TITLE	STD	DELETE	3 1 TI				. [	Change	Addition
NAME	MILLER, LOIS M.		3 2 NA	ME					
STREET ADDRESS	1094 HOOK DRIVE		33 S	TREET	ADDRESS				
CHY-ST-ZIP	SPRING HILL FL		3.4 CI	TY - ST	- 2IP				
TITLE		☐ DELETE	4. 1 Ti	ITLE				Change	☐ Addition
NAME			4.2 N	AME					
STREET ADDRESS			4351	REET /	ADDRESS				
CITY-ST-ZIP			4.4 CI	1 Y - SI	-ZIP				
THILE		☐ DELETE	5 1 1	TLE				Change	☐ Addition
NAME			5.2 NA	AME					
STREET ADDRESS			5.3 ST	REEL	ADDRESS				1
CPTY-ST-ZP			5.4 CI	TY-ST	-ZIP				
TITLE		DELETE	6 1 1	ĭL€				Change	☐ Addition
NAME			6 2 N/	AME					
STREET ADDRESS			6.3 S1	REET	ADDRESS				
CITY-ST-ZIP			6 4 CI	TY-ST	- ZiP				

14. I do he ety certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cirector 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 on an adtachment with an address. SIGNATURE:

WILLIA CEORGE E. MILLER 4/16/96 (352)646-0662
RINTED NAME OF SIGNING OFFICER OR DIRECTOR