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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V08661

CITY-ST-ZIP

CHEMIL INTERNATIONAL, INC.

Principal Place of Business Mailing Addr 1094 HOOK DRIVE 1094 HOOK DRIVE SPRING HILL FL 34608 SPRING HILL US US			DRIVE				DO NOT WE				•
00	·	••					e Incorporated or Qualifed 21/1992				
— ·	Place of Business	2a. Mailing Address					Number 3104538			pplied For	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			· 			·		ot Applicable Additional	<u>'</u>
22						5. Cert	ifcate of Status Desired		Fee.R		_ _
City & State		. City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					7
Zip	Country	Zip	Cou	untry	•		corporation owes the cu	rrent year Int			┨
24	25	29	30				sonal Property Tax.		Yes	No	
	9. Name and Address of Currer				· · · · · · · · · · · · · · · · · · ·	10. Nan	ne and Address of New	Registered	Agent		_
4.00: 1	ED CEODCE E			81 N	Name						
MILL	er, george e. 1 Hook drive		F			Address (P.O. Box Number is Not Acceptable)					
CDD	ING HILL FL 34606						Committee Commit		State Segui Francia	Aufer Grone impe	4
OFF	IN THE LE STOOP			83						144 A144 134 144 144 135	
				84 C	City		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>	85 Zip,	Gode 0	٦
Andre Britania	to the provisions of Sections 607.050	22 and 607 1600' Florido Stat	utas tha a	bovo p	amad sam	aration sub	mits this statement for th	FL	- 34	rubbo	_
" office or i	registered agent, or both, in the State	of Florida. Such change was	authorized	d by the	corporatio	on's board	of directors. I hereby acce	ept the appoi	intment as re	egistered	•
-	im familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	utes.					,		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Agent sig	nature required	d when reinstati	ng);; (DATE	F	 . '	. ,
12.		ND DIRECTORS	13.		'		TIONS/CHANGES TO O	FFICERS AN	ND DIRECTO	ORS IN 12	
TITLE	PD .	☐ DELETE	1.1 π	TLE		<u> </u>	315-533		Change	Addition	л <u>;</u>
NAME	MILLER, GEORGE E.	J.*	1.2 N	AME							
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CITY-ST-ZIP	SPRING HILL FL		1.4 CI	ITY-ST-ZIF	Р						_ 8
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NAME	MILLER, RICHARD A.		2.2 N	2.2 NAME							'
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CITY-ST-ZIP	VALRICO FL	<u> </u>	2.40	ITY-ST-ZI	IP .						
TITLE Supplies	STD	☐ DELETE	3.1 TI	TLE					Change	[-] Additio	m =
NAME (MILLER, LOIS M.		3.2 N	AME							
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NAME			6.2 N	RME IDEET ADD	nocee						

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 granged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90056 029 ***150.00