

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

**APPROVED
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95 JUN 20 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION,
ANNUAL REPORT
1995



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

DOCUMENT # **V31931** (1)

1. Corporation Name
CHEMATICS OF THE SOUTH, INC.

Principal Place of Business Mailing Address
**400 W. CENTRAL BLVD.
CAPE CANAVERAL FL 32920** **400 W. CENTRAL BLVD.
CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/27/1992** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-2960272** 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 has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HRADESKY, E.L.
124 ST. CROIX AVE.
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent
81 Name **James E. Emory**
82 Street Address (P.O. Box Number is Not Acceptable) **400 W. Central Blvd**
83
84 City **Cape Canaveral** FL 85 Zip Code **32920**

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, if 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 *James E. Emory* **JAMES E. EMORY PRESIDENT 5-1-95** DATE

12. OFFICERS AND DIRECTORS
TITLE PS
NAME **EMORY, JAMES E**
STREET ADDRESS **202 VIA HAVARRE**
CITY-ST-ZIP **MERRITT ISLAND FL**
TITLE CT
NAME **HRADESKY, EDWARD L**
STREET ADDRESS **124 ST. CROIX**
CITY-ST-ZIP **COCOA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **600001520016**
14 CITY-ST-ZIP **-06/22/95--01008--003**
21 TITLE ******208.75** Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ******208.75**
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *James E. Emory* **JAMES E. EMORY** DATE **5-1-95** DAY/STATE/FEE # **407-783-0198**

REMITTED BY MAY 1 1995
6/20/95