SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 10:57

DOCUMENT # V70921 (4)

1. Corporation Name

J & S CHEMICALS, INC.

Principal Place of Business	Mailing Address
1705 SAMMONDS ROAD ~~APT. 323~~ PLANT CITY FL 33566 US	P.O. BOX 9282 ~~APT. 323~~ PLANT CITY FL 33566 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1992
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-3146273 ☐ 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

9. Name and Address of Current Registered Agent

BARTLETT, SCOTT
5113 ARBOR PT CIR #323
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name: BARTLETT, SCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 12925 Jess WALDEN Rd
83
84 City: Plant City FL 85 Zip Code: 33527

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: Scott Bartlett President DATE: 7-18-95
Signature of new or previous registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE		☒ Change ☐ Addition
NAME	BARTLETT, SCOTT	12 NAME		
STREET ADDRESS	~~5113 ARBOR POINTE CIR~~	13 STREET ADDRESS	12925 Jess WALDEN Rd	
CITY ST ZIP	~~TAMPA, FL 33617~~	14 CITY ST ZIP	DOVER, FL 33527	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	BARTLETT, SCOTT	22 NAME		
STREET ADDRESS	~~5113 ARBOR POINTE CIR~~	23 STREET ADDRESS	12925 Jess WALDEN Rd	
CITY ST ZIP	~~TAMPA, FL 33617~~	24 CITY ST ZIP	DOVER, FL 33527	
TITLE	~~STD~~	31 TITLE		☒ Change ☐ Addition
NAME	BARTLETT, ANGELA	32 NAME		
STREET ADDRESS	~~5113 ARBOR POINT CIR~~	33 STREET ADDRESS	12925 Jess WALDEN Rd	
CITY ST ZIP	~~TAMPA FL~~	34 CITY ST ZIP	DOVER, FL 33527	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 added on an attached sheet with an address.

SIGNATURE: Scott Bartlett 7-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0185860 FP