SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 8:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V74126** **(6)**

1. Corporation Name

CHEMICAL CAPITAL, INC.

Principal Place of Business	Mailing Address
3510 N CAUSEWAY BLVD SUITE 602 NEW ORLEANS LA 70002	3510 N CAUSEWAY BLVD SUITE 602 NEW ORLEANS LA 70002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1992**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **72-1223680** ☐ 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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of new registered agent required) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	☐ Change ☐ Addition
NAME	HULL, DANIEL T JR.	12 NAME	
STREET ADDRESS	920 FIRST ALABAMA BANK B	13 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL	14 CITY ST ZIP	
TITLE	PCEO	21 TITLE	☐ Change ☐ Addition
NAME	REES, RICK S	22 NAME	
STREET ADDRESS	3510 N. CAUSEWAY BLVD., 602	23 STREET ADDRESS	
CITY ST ZIP	METAIRIE LA 70002	24 CITY ST ZIP	
TITLE	VPTD	31 TITLE	☐ Change ☐ Addition
NAME	STEVENS, RONALD J	32 NAME	
STREET ADDRESS	31 N. ROYAL ST., STE. 1900	33 STREET ADDRESS	
CITY ST ZIP	MOBILE AL 36602	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	HOPPER, GREGORY A	42 NAME	
STREET ADDRESS	3510 N. CAUSEWAY BLVD., 602	43 STREET ADDRESS	
CITY ST ZIP	METAIRIE LA 36602	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOORE, LELAND T	52 NAME	
STREET ADDRESS	31 N. ROYAL ST., STE. 1900	53 STREET ADDRESS	
CITY ST ZIP	MOBILE AL 36602	54 CITY ST ZIP	
TITLE	DC	61 TITLE	☐ Change ☐ Addition
NAME	WELLER, THOMAS C JR.	62 NAME	
STREET ADDRESS	31 N. ROYAL ST., STE. 1900	63 STREET ADDRESS	
CITY ST ZIP	MOBILE AL 36602	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 on an attachment with an address.

SIGNATURE: Gregory A Hopper - See
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gregory A Hopper

7/10/95
Date

5048313 01
Daytime Phone #

0175830 FP