

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:17

DOCUMENT # H33640 (4)
1. Corporation Name
R2J CHEMICAL SERVICES, INC.

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| % ROBERT W. JAMAR 12345D 62ND ST. N. LARGO FL 34643 | %ROBERT D. LEE 12345D 62ND ST. LARGO FL 34643-3715 US |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/11/1984 | 3a. Date of Last Report 04/22/1984 |
| 4. FEI Number 59-2478667 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 24 | 29 |
| Country | 30 |

9. Name and Address of Current Registered Agent

**LEE, ROBERT D.
4411 W. VASCONIA ST.
TAMPA FL 33629**

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 _____ (Signature typed on printed name of registered agent and date of signature) (NOTE: Registered Agent signature required when re-filing) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | CEO |
| NAME | JAMAR, ROBERT W. |
| STREET ADDRESS | 4030 102ND PLACE |
| CITY ST ZIP | CLEARWATER FL |
| TITLE | PD |
| NAME | LEE, ROBERT D |
| STREET ADDRESS | 4411 W. VASCONIA ST. |
| CITY ST ZIP | TAMPA FL |
| TITLE | V |
| NAME | JAMAR, JEAN C |
| STREET ADDRESS | 4030 102ND PLACE |
| CITY ST ZIP | CLEARWATER FL |
| TITLE | STD |
| NAME | ROELL, DAVID M. |
| STREET ADDRESS | 3014 22ND AVE W. |
| CITY ST ZIP | BRADENTON FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY ST ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY ST ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY ST ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY ST ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY ST ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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. 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: Robert D. Lee 1/13/95 813)631-4135
SIGNATURE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #