

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J12612** (4)

1. Corporation Name

SPECIALTY PLASTIC ASSOCIATES, INC.

Principal Place of Business

3145 HWY 82 EAST
LAKELAND FL 33801
US

Mailing Address

6333 N ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1986

3a. Date of Last Report

02/15/1994

4. FEI Number

59-2680867

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

3033 Mercy Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

Orlando, FL

24

25

Country

29

32808

30

Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDGAR, CANDICE B.
6333 N ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810-1271

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

3033 Mercy Dr.

B3

B4 City

Orlando

FL

B5

Zip Code
32808

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
DOEBLER, DONALD W.
6333 N. ORANGE BLSM TR.
ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

3033 Mercy Dr.
Orlando, FL 32808

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VST
EDGAR, CANDICE B.
6333 N ORANGE BLOSSOM TR
ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3033 Mercy Dr.
Orlando, FL 32808

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
HARDER, GARY R
6333 N ORANGE BLOSM TRAIL #201
ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

3033 Mercy Dr.
Orlando, FL 32808

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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 110.07(3)(k), 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:

Candice B. Edgar VP

Candice B. Edgar, Vice President

4-25-95 (407)297-0141