

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J12612 (4)**

1. Corporation Name
SPECIALTY PLASTIC ASSOCIATES, INC.



Principal Place of Business
**3145 HWY 92 EAST
LAKELAND FL 33801
US**

Mailing Address
**3033 MERCY DR
SUITE #01
ORLANDO FL 32808
US**

3. Date Incorporated or Qualified **05/05/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 2a. Mailing Address
26 **3033 Mercy Dr.**

4. FEI Number **59-2680867** Applied For
Not Applicable

Suite, Apt #, etc. **27** Suite, Apt #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State **23** City & State
28 **Orlando, Fl.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip **24** Country **25** Zip **29** **32808** Country **30** **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**EDGAR, CANDICE B.
3033 MERCY DR
SUITE 201
ORLANDO FL 32808**

10. Name and Address of New Registered Agent
81 Name **Edgar, Candice B.**
82 Street Address (P.O. Box Number is Not Acceptable) **3033 Mercy Drive.**
83
84 City **Orlando** **FL** **85** Zip Code **32808**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOEBLER, DONALD W. 3033 MERCY DR ORLANDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST EDGAR, CANDICE B. 3033 MERCY DR ORLANDO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARDER, GARY R 3033 MERCY DR ORLANDO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Doebler, David R. 3033 Mercy DR. Orlando, FL. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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**
DATE: **5/15/96** (407) 297-0141 ext. 2260

CR2E034 (12/95)