

2-3-91 13-1195 C-
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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K70104 (0)
 1. Corporation Name
SPECIALTY PRODUCTS COMPANY, INC.



Principal Place of Business: 139 YACHT HARBOR DRIVE, OSPREY FL 34229 US
 Mailing Address: 139 YACHT HARBOR DRIVE, OSPREY FL 34229-8786 US

3. Date Incorporated or Qualified: 03/03/1989
 3a. Date of Last Report: 04/29/1996
 4. FEI Number: 65-0258472
 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: 311 SARASOTA CENTER BLVD. SARASOTA FLORIDA 34240-9382
 2a. Mailing Address: 311 SARASOTA CENTER BLVD. SARASOTA, FLORIDA 34240-9382

9. Name and Address of Current Registered Agent: SIMMONS, PETER W., 139 YACHT HARBOR DRIVE, OSPREY FL 34229
 10. Name and Address of New Registered Agent: (Blank)
 81 Name: (Blank)
 82 Street Address (P.O. Box Number is Not Acceptable): (Blank)
 83 (Blank)
 84 City: (Blank) FL 85 Zip Code: (Blank)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	NAME: SIMMONS, PETER W.	1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 139 YACHT HARBOR DRIVE	CITY-ST-ZIP: OSPREY FL	1.2 NAME: Simmons, Peter W.	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS: 139 Yacht Harbor Drive	
		1.4 CITY-ST-ZIP: Osprey, Florida 34229	
TITLE:	NAME:	2.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME: Mayo, Howell	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS: 1632 South Lakeshore Drive	
		2.4 CITY-ST-ZIP: Sarasota, Florida 34231	
TITLE:	NAME:	3.1 TITLE: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: Mayo, Madge T.	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS: 1632 South Lakeshore Drive	
		3.4 CITY-ST-ZIP: Sarasota, Florida 34231	
TITLE:	NAME:	4.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: Simmons, Lois L.	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS: 139 Yacht Harbor Drive	
		4.4 CITY-ST-ZIP: Osprey, Florida 34229	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing 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: Peter W. Simmons P.W. SIMMONS 1-10-97 (941) 378-5211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)