

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 APR 30 AM 11:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000100379 (2)**

1. Corporation Name  
**SPECIALTY PRODUCTS GLOBAL, INC.** *WIC 2-5-97*  
**SPECIALTY PRODUCTS GLOBAL, INC.**



Principal Place of Business: 1803 U.S. 19 HOLIDAY FL 34691  
 Mailing Address: C/O J. BOB HUMPHRIES, ESQ. 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602-4988

3. Date Incorporated or Qualified: 12/11/1996  
 3a. Date of Last Report: [Blank]  
 4. FEI Number: 59-3414572  
 Applied For: [Blank] / Not Applicable  
 5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: [Blank] \$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: 21 [Blank] Suite, Apt. #, etc. [Blank] 22 [Blank] City & State: 23 [Blank] Zip: 24 [Blank] Country: 25 [Blank]  
 2a. Mailing Address: 26 [Blank] Suite, Apt. #, etc. [Blank] 27 [Blank] City & State: 28 [Blank] Zip: 29 [Blank] Country: 30 [Blank]

9. Name and Address of Current Registered Agent  
**HUMPHRIES, J. BOB**  
**501 EAST KENNEDY BOULEVARD**  
**SUITE 1700**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent  
 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: [Blank] (NOTE: Registered Agent signature required when resetting) DATE: [Blank]

12. OFFICERS AND DIRECTORS

|                |                  |        |
|----------------|------------------|--------|
| TITLE          | D                | DELETE |
| NAME           | SPEER, RICHARD M |        |
| STREET ADDRESS | 1803 U.S. 19     |        |
| CITY-ST-ZIP    | HOLIDAY FL 34691 |        |
| TITLE          | D                | DELETE |
| NAME           | BAKER, RICHARD W |        |
| STREET ADDRESS | 1803 U.S. 19     |        |
| CITY-ST-ZIP    | HOLIDAY FL 34691 |        |
| TITLE          |                  | DELETE |
| NAME           |                  |        |
| STREET ADDRESS |                  |        |
| CITY-ST-ZIP    |                  |        |
| TITLE          |                  | DELETE |
| NAME           |                  |        |
| STREET ADDRESS |                  |        |
| CITY-ST-ZIP    |                  |        |
| TITLE          |                  | DELETE |
| NAME           |                  |        |
| STREET ADDRESS |                  |        |
| CITY-ST-ZIP    |                  |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |  |
|--------------------|-----------------------------|--|--|
| 1.1 TITLE          | D/P                         | Change                                     | Addition                                     |
| 1.2 NAME           |                             |  |  |
| 1.3 STREET ADDRESS |                             |  |  |
| 1.4 CITY-ST-ZIP    |                             |  |  |
| 2.1 TITLE          | D/S/T                       | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 2.2 NAME           |                             |  |  |
| 2.3 STREET ADDRESS |                             |  |  |
| 2.4 CITY-ST-ZIP    |                             |  |  |
| 3.1 TITLE          | A/S                         | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Humphries, J. Bob           |  |  |
| 3.3 STREET ADDRESS | 501 E. Kennedy Blvd., #1700 |  |  |
| 3.4 CITY-ST-ZIP    | Tampa, FL 33602             |  |  |
| 4.1 TITLE          |                             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| 4.2 NAME           |                             |  |  |
| 4.3 STREET ADDRESS |                             |  |  |
| 4.4 CITY-ST-ZIP    |                             |  |  |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| 5.2 NAME           |                             |  |  |
| 5.3 STREET ADDRESS |                             |  |  |
| 5.4 CITY-ST-ZIP    |                             |  |  |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| 6.2 NAME           |                             |  |  |
| 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: **J. Bob Humphries, Assistant Secretary** Date: 4/29/97 (813) 222-1173  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0007254

CR2E034 (9/96)