

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAR 25 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000100379 (2)

1. Corporation Name

SPECIALTY PRODUCTS GLOBAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1803 U.S. 19
HOLIDAY FL 34691

%BOB HUMPHRIES, ESQ., FOWLER, WHITE ET AL.
P.O. BOX 1438
TAMPA FL 33601

3. Date Incorporated or Qualified

12/11/1996

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

Zip

Country

24

25

29

30

4. FEI Number

59-3414572

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 owes or has paid the current year intangible Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, J. BOB
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA FL 33802

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** DELETE

NAME **SPEER, RICHARD M**
STREET ADDRESS **1803 U.S. 19**
CITY-ST-ZIP **HOLIDAY FL 34691**

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS **2535 Success Drive**
1.4 CITY-ST-ZIP **Odessa, FL 33556**

TITLE **DST** DELETE

NAME **BAKER, RICHARD W**
STREET ADDRESS **1803 U.S. 19**
CITY-ST-ZIP **HOLIDAY FL 34691**

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS **2535 Success Drive**
2.4 CITY-ST-ZIP **Odessa, FL 33556**

TITLE **AS** DELETE

NAME **HUMPHRIES, BOB J**
STREET ADDRESS **501 E. KENNEDY BLVD., #1700**
CITY-ST-ZIP **TAMPA FL 33802**

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

hc 3-25-98

14. I 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, 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** 3/23/98 (813) 222-1173

CR2E034 (10/97)