

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000100379

1. Corporation Name

SPECIALTY PRODUCTS GLOBAL, INC.

Principal Place of Business

1800 U.S. 19  
HOLIDAY FL 34691

Mailing Address

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90002 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1996

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 2535 Success Drive

Suite, Apt. #, etc.

22

City & State

23 ODESSA FL

Zip Country

24 33556 25 PASCO

2a. Mailing Address

26 2535 Success Drive

Suite, Apt. #, etc.

27

City & State

28 ODESSA FL

Zip Country

29 33556 30 PASCO

9. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB  
301 EAST KENNEDY BOULEVARD  
SUITE 1700  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name RICHARD W BAKER

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

83 2535 SUCCESS DRIVE

84 City

ODESSA FL

85 Zip Code

33556

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

Richard W Baker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SPEER, RICHARD M  
STREET ADDRESS 2535 SUCCESS DRIVE  
CITY-ST-ZIP ODESSA FL 33556

TITLE DST ☐ DELETE

NAME BAKER, RICHARD W  
STREET ADDRESS 2535 SUCCESS DRIVE  
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 33602

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Richard W Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)