

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:13

DOCUMENT # **V18683** (5)  
1. Corporation Name  
**ALTEX SPECIALTIES, INC.**

Principal Place of Business Mailing Address  
**111 MISSISSIPPI AVENUE N.W.  
FT. WALTON BEACH FL 32548** **111 MISSISSIPPI AVENUE N.W.  
FT. WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/04/1992** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>21 105 Lewis St.</b>		<b>26 P.O. Box 924</b>		<b>59-3113182</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>22 Suite 204</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23 Ft. Walton Beach, FL</b>		<b>28 Ft. Walton Beach, FL</b>					
Zip	Country	Zip	Country				
<b>24 32547</b>	<b>25 Oakalosa</b>	<b>29 32549</b>	<b>30 Oakalosa</b>				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KITCH, DAVID B.  
111 MISSISSIPPI AVE N.W.  
FT. WALTON BEACH FL 32548**

81 Name	<b>David S. Kitch</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>82 Live Oak Ave. east</b>
83	
84 City	<b>DeFuniak Spring FL</b>
85 Zip Code	<b>32433</b>

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 officer 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D Tre/ SEC.</b>	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KITCH, DAVID B.</b>	1.2 NAME	<b>David S. Kitch</b>
STREET ADDRESS	<b>111 MISSISSIPPI AVE NW</b>	1.3 STREET ADDRESS	<b>82 Live Oak Ave. East</b>
CITY - ST - ZIP	<b>FT WALTON BEACH FL</b>	1.4 CITY - ST - ZIP	<b>DeFuniak Springs, FL 32433</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

*David S. Kitch*

(904) 863-4400