

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054581 (1)

1. Corporation Name

SPECIALTY DEVELOPMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2727 ULMERTON ROAD
SUITE 2E
CLEARWATER FL 34622

Mailing Address

2727 ULMERTON ROAD
SUITE 2E
CLEARWATER FL 34622

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 2092 17TH STREET

2a. Mailing Address

26 Suite, Apt #, etc.

4. FEI Number

59-3256380

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. 190.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 SARASOTA FL

City & State

28

Zip

24 32434

Country

25 SARASOTA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of Registered Agent (Required for Agent's Appointment)

Signature of Registered Agent (Required for Agent's Appointment)

(11/1)

12. OFFICERS AND DIRECTORS

11.1 TITLE	P
11.2 NAME	KLEINHANS, DON
11.3 STREET ADDRESS	14220 68TH ST. NORTH
11.4 CITY, ST, ZIP	CLEARWATER FL 34624
11.5 TITLE	
11.6 NAME	
11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP	
11.9 TITLE	
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	
11.17 TITLE	
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	P	☒ Change ☐ Addition
13.2 NAME	TYLER, DEAN	
13.3 STREET ADDRESS	310 COFFEE POT RIVIERA SE	
13.4 CITY, ST, ZIP	ST. PETERSBURG, FL 33704	
13.5 TITLE		☐ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		☐ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		
13.17 TITLE		☐ Change ☐ Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(1)(b), Florida Statutes. I further certify that the information included 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 liquidator of the corporation, and that my signature is required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN TYLER

4-27-95

Signature of Officer or Director