

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000088223

**Entity Name:** SPECIALTY POLYMERS AND CHEMICALS, INC.

**Current Principal Place of Business:**

6 LAKESIDE DR  
PENSACOLA, FL 32507

**Current Mailing Address:**

4051 BARRANCAS AVENUE  
SUITE G, PMB 269  
PENSACOLA, FL 32507

**FEI Number:** 72-1312397

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BODE, SKIP  
6 LAKESIDE DR  
PENSACOLA, FL 32507 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | P                  | Title           | V                  |
| Name            | BODE, SKIP         | Name            | BODE, ANN          |
| Address         | 6 LAKESIDE DR      | Address         | 6 LAKESIDE DR      |
| City-State-Zip: | PENSACOLA FL 32507 | City-State-Zip: | PENSACOLA FL 32507 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SKIP BODE

**PRESIDENT**

**03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date