

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V18683

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC5715035431**

**Entity Name:** ALTEX SPECIALTIES, INC.

**Current Principal Place of Business:**

82 LIVE OAK AVE. E  
DEFUNIAK SPRINGS, FL 32433

**Current Mailing Address:**

PO BOX 1700  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number:** 59-3113182

**Certificate of Status Desired:** No

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

KITCH, DAVID  
82 LIVE OAK AVE E  
DEFUNIAK SPRINGS, FL 32433 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            DTS  
Name            KITCH, DAVID B  
Address        82 LIVE OAK AVE. E  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title            P  
Name            KITCH, DAVID S  
Address        82 LIVE OAK AVE E  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

*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:** DAVID S KITCH

**PRESIDENT**

**04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date