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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 367984

(2)

FILED Feb 27 1998 8:00am Secretary of State

1. Corporation	S SPECIALTY COMPANY,	INC.				BIBH BIBH BIBH BIBH BIBH BIBH BIBH B
Principal Plac	ce of Business	Mailing Address				####
3065 HIGHWAY 29 S. P. O. BOX 49						
CANTONMENT FL 32533 CANTONMENT FL 32533						
US		US			DO NOT WRITE II	N THIS SPACE
					 Date Incorporated or Qualified 08/05/1970 	
	ncipal Place of Business 2a. Mailing Address		S		4. FEI Number	Applied For
21	26 Salta Ant # 212				59-1291805	Not Applicable
22			C.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
<u> </u>	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	-	untry	This corporation owes or has paid	
24	25 9. Name and Address of Curre	nt Pagletored Agent	30	1	Personal Property Tax due June 3	
НА	SKEW, ROBERT S	ur vedistelen Wäglit		81 Name	10. Name and Address of New Regi	stered Agent
	YY 29 N PALAFOX					
	NSACOLA FL			82 Street Add	ress (P.O. Box Number is Not Acceptable)
				83		
				84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida e of Florida. Such change	Statutes, the a	bove-named cor od by the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE						
12.	Signature, typed or ponted name of registered ag			ed Agent signature requ		DATE
TITLE	VD OFFICERS AIN	ID DIRECTORS DELET	E 1,1 T	orice I	ADDITIONS/CHANGES TO OFFICE	
NAME	SPARKS, SAM	D.E.E.				Change Addition
STREET ADDRESS	7656 CHARTER OAKS DR.			TREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL					
TITLE	PO	DELET		ITY-ST-ZIP		☐ Change ☐ Addition
NAME	Haskew,robert s	_	2.2 N	į.		
STREET ADDRESS	4751 LIVINGSTON DR			TREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL			CITY-ST-ZIP		İ
TITLE	STD	DELET				Change Addition
NAME	Haskew,iris		3.2 N	AME		
STREET ADDRESS	4751 LIVINGSTON DR		3.3 S	TREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4. 0	CITY-ST-ZIP		
TITLE		DELET	4.1 T	TLE		Change Addition
NAME			4.21	IAME		
STREET ADDRESS			4.3 S	Treet address		
CITY-ST-ZIP				ITY-\$T-ZIP		
TITLE		DELET	5.1 TI	TLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	FREET ADDRESS		
CITY-ST-ZIP			T	TY-ST-ZIP		
TITLE		☐ DELET	1			☐ Change ☐ Addition
NAME			6.2 N/			
STREET ADDRESS				IREET ADDRESS		
CITY-ST-ZIP		the state of the state of the	6.4 CI	TY-ST-ZIP		

I nereby 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.

Robert S. Hanke Se.

259-471_->700