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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State DIVISION OF CORPORATIONS

1996

DOCUI	MENT # 4496	612 (1)		-			
	IOUS SPECIALTY CO.,	INC.					
Principal Place of Business Mailing Address						1001 01011 01011 0 1011 0101	
904 E PLATT			SUITE 1000 BARNETT PLAZA.				
TAMPA FL 33 US	3602	101 E. KENNEDY BLVI Tampa Fl 33602	D.				
					3. Date Incorporated or Qualified 03/20/1974	3a. Date of Last F 03/08/19	
	ace of Business	2a. Mailing Address			4. FET Number 59-1536446		Applied For
21 Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.7	Not Applicable 5 Additional
22		27	 -1		5. Certificate of Status Desired		Required
City & State	÷	City & State	the second of th		Flection Campaign Financing Trust Fund Contribution	1 1	00 May Be ed to Fees
Zip	Country	Zip	Cour	itry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 9. Name and Address of Current Registered Agent		[30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	5. Name and Address of C	urrent negistered Agent		B1 Name	to. Name and Address of New h	egistered Agent	
GIBBON	S TUCKER SMITH MILLER V	VHATLEY&STEIN	-	82 Street Addr	ress (P.O. Box Number is Not Acceptab	les)	·····
	000 Barnett Plaza.		[Street Addi	ress (F.O. DOX NUMBER IS NOT Acceptable		
	(ENNEDY BLVD.		83				
TAMPA I	FL 33602			B4 City	85 Zip Code		ip Code
11 Pursuant t	to the provisions of Sections 607	0502 and 607 1508. Florida Status	toe the show	o parred corre	ration submits this statement for the pur	FL of a	registered off co
or register	red agent, or both, in the State of	Florida, Such change was authorized.	zed by the co	e named corpor orporation's boa	rd of directors. Thereby accept the appo	pose or changing its bintment as registere	d agent. I am
SIGNATURE _	in, and accept the obligations of,	Section 607.0300, Florida Statute.	8.				
	Signature, typed or printed name of registered			gan' signatur, require		DATE	
12.	OFFICERS	S AND DIRECTORS	13. 1 1 TH		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
NAME	DIOUS, DAVID C III		1.2 NAN			Orlange	L Not-litell
STREET ADDRESS	37441 HICKORY HILL LN		1.3 STREET ADDRESS				
CITY - ST - ZIP	DADE CITY FL		1.4 CH	Y-ST-7IP			
TITLE			2 1 TH	l.F	Change [☐ Add-tion
NAME	CUETO, PERRY MICHAEL	_	2.2 NAME				
STREET ADORESS	904 E PLATT ST TAMPA FL		23 STREET ADDRESS				
CITY-ST-ZIP	D DELETE		24 CIT	Y-ST-ZIP			Addition
NAME	DIOUS, DAVID C. III	LV	3.2 NAM			☐ Change	
STREET ADDRESS	37441 HICKORY HILL LN		33 ST	REET ADDRESS			
CITY - ST - ZIF	DADE CITY FL		3.4 CIT	Y - ST - ZIP			
TITLE	☐ DELETE		4 1 1 17	i		☐ Change	Addition Addition
NAME OZOSEZ ADDRESOS			4 2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP TITLE	DELETE		5 1 TiT	Y-ST-ZiP LE	* 4	Change	Addition
NAME			5.2 NA			<u> </u>]
STREET ADDRESS			53SFR	EET ADDRESS			
CITY-ST-ZIP				r-ST-2IF			
TITLE				ĻF		Change	Addition
NAME			6.2 NAA				
STREET ADDRESS			1	EET ADDRESS			i
011Y-S!-7IP 14. I do hereb	I y certify that the information supp	blied with this filing is voluntarily fun	nished and d	r-St-ZIP oes not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Statu	ites. I further
certify that oath; that appears in	the information indicated on this Lam an officer or director of the o Block 12 or Block 13 if changed	annual report or supplemental and corporation or the receiver or iniste t, or on an attachment with an add	nual report is se empowere fress	true and accura ed to execute thi	ite and that my signature shall have the is report as required by Chapter 607, Fig.	same legal effect as orida Statutes; and th	if made under nat my name

SIGNATURE:

3-13-96

Duştime Phone ≢