

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name **F 34817 (9)**

SPECIALTY SCREW, INC.

Principal Place of Business 7066A Isle of Capri Rd. Naples, Florida 34114 US	Mailing Address 7066A Isle of Capri Rd. Naples, Florida 34114 US
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2. Principal Place of Business 21 7066A Isle of Capri Rd.	2a. Mailing Address 26 7066A Isle of Capri Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Naples, Florida	28 City & State Naples, Florida
24 Zip 34114	29 Zip 34114
25 Country Collier	30 Country Collier

3. Date Incorporated or Qualified 05/14/1981	3a. Date of Last Report 04/30/96
4. FEI Number 59-2170225	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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
**Bravo, Carmine M. Esq.
1450 State Road 434, Suite 3
Longwood, Florida 32750**

81 Name Brousseau, Herbert R.
82 Street Address (P.O. Box Number is Not Acceptable) 7066A Isle of Capri Road
83
84 City Naples
85 Zip Code FL 34114

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 **Hubert R Brousseau** **Herbert R Brousseau** **4-27-97**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE ☐ DELETE	NAME
PD	Brousseau, Herbert R.
STREET ADDRESS	1694 Timocaun Way Unit 102
CITY-STATE-ZIP	Longwood, Florida 32750
TITLE ☐ DELETE	NAME
VD	Brousseau, Christine M.
STREET ADDRESS	1694 Timocaun Way Unit 102
CITY-STATE-ZIP	Longwood, Florida 32750
TITLE ☐ DELETE	NAME
SD	Brousseau, Paul
STREET ADDRESS	1694 Timocaun Way
CITY-STATE-ZIP	Longwood, Florida 32750
TITLE ☐ DELETE	NAME
TITLE ☐ DELETE	NAME
TITLE ☐ DELETE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE ☐ Change ☐ Addition	PD
1.2 NAME	Brousseau, Herbert R.
1.3 STREET ADDRESS	7066A Isle of Capri Rd.
1.4 CITY-STATE-ZIP	Naples, Florida 34114
2.1 TITLE ☐ Change ☐ Addition	VD
2.2 NAME	Brousseau, Christine M.
2.3 STREET ADDRESS	7066A Isle of Capri Rd.
2.4 CITY-STATE-ZIP	Naples, Florida 34114
3.1 TITLE ☐ Change ☐ Addition	SD
3.2 NAME	Brousseau, Paul
3.3 STREET ADDRESS	7066A Isle of Capri Road
3.4 CITY-STATE-ZIP	Naples, Florida 34114
4.1 TITLE ☐ Change ☐ Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE ☐ Change ☐ Addition	
5.2 NAME	000002175670
5.3 STREET ADDRESS	-05/13/97--01002--014
5.4 CITY-STATE-ZIP	***165.00
6.1 TITLE ☐ Change ☐ Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, the filer, hereby 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 furnished 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.

SIGNATURE: **Herbert R Brousseau** **4-15-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)