FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F42677** **(7)**

1. Corporation Name
PRODUCTION SPECIALTIES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1841 DUNDEE FL 33838	P. O. BOX 1841 DUNDEE FL 33838

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 10700 STRINGFELLOW RD.	26 P.O.BOX 347
Suite, Apt. #, etc. 22 #80	Suite, Apt. #, etc. 27
City & State 23 BOKEELIA,FL.	City & State 28 LAKE WALES,FL.
Zip / County 24 33922 / 25 USA	Zip / County 29 33853 / 30 USA

4. FEI Number: 59-2117760 ☐ 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	10. Name and Address of New Registered Agent
SMITH, JOSEPH F. 343 W. CENTRAL AVENUE, # 2 LAKE WALES FL 33853	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 10700 STRINGFELLOW RD. 83 #80 84 City: BOKEELIA **FL** 85 Zip Code: 33922

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PSD	11 TITLE		☒ Change ☐ Addition
12 NAME	SMITH, JOSEPH F.	12 NAME		
13 STREET ADDRESS	343 W. CENTRAL AVENUE	13 STREET ADDRESS	10700 STRINGFELLOW RD. #80	
14 CITY, ST, ZIP	LAKE WALES FL	14 CITY, ST, ZIP	BOKEELIA,FL. 33922	
21 TITLE	VD	21 TITLE		☒ Change ☐ Addition
22 NAME	SMITH, JOSEPH F., JR.	22 NAME		
23 STREET ADDRESS	10700 STRINGFELLOW RD 80	23 STREET ADDRESS		
24 CITY, ST, ZIP	BOKEELIA FL	24 CITY, ST, ZIP	33922	
31 TITLE		31 TITLE		☐ Change ☐ Addition
32 NAME		32 NAME		
33 STREET ADDRESS		33 STREET ADDRESS		
34 CITY, ST, ZIP		34 CITY, ST, ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY, ST, ZIP		44 CITY, ST, ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY, ST, ZIP		54 CITY, ST, ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY, ST, ZIP		64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to an attachment with an address.

SIGNATURE: Joseph F. Smith 5-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
JOSEPH F. SMITH (813) 676-1543
Daytime Phone

0447993 FP