FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G44490** **(2)**

1. Corporation Name

ENGINEERED SPECIALTY PRODUCTS, INC.

Principal Place of Business	Mailing Address
5925 S.W. 35TH WAY GAINESVILLE FL 32608	5925 S.W. 35TH WAY GAINESVILLE FL 32608

2. Principal Place of Business	2a. Mailing Address
21 100 W. Sycamore Rd.	26 100 W. Sycamore Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Arvin, California	28 City & State: Arvin, California
24 Zip: 93203 25 Country: Kern	29 Zip: 93203 30 Country: Kern

3. Date Incorporated or Qualified: 06/21/1983

3a. Date of Last Report: 05/23/1995

4. FEI Number: 59-2313237 ☐ 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

TIMMONS, JOHN W.
5925 S.W. 35TH WAY
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name: Lewis M. Ress
82 Street Address (P.O. Box Number is Not Acceptable): 1700 Sans Souci Blvd.
83
84 City: North Miami FL 85 Zip Code: 33181

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: Lewis M. Ress DATE: 2/12/96

12. OFFICERS AND DIRECTORS

TITLE: PD NAME: TIMMONS, JOHN W. STREET ADDRESS: 5925 S.W. 35TH WAY CITY-ST-ZIP: GAINESVILLE FL 32608	☒ DELETE	
TITLE: STD NAME: TIMMONS, JOHN W., JR. STREET ADDRESS: 600 NW 91ST ST. CITY-ST-ZIP: GAINESVILLE FL 32607	☒ DELETE	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: President 1.2 NAME: Peter W. Salter 1.3 STREET ADDRESS: 100 W. Sycamore Rd. 1.4 CITY-ST-ZIP: Arvin, CA. 93203	☒ Change	☐ Addition
2.1 TITLE: Secretary 2.2 NAME: John B. Salter 2.3 STREET ADDRESS: 100 W. Sycamore Rd. 2.4 CITY-ST-ZIP: Arvin, CA. 93203	☒ Change	☐ Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	☐ Change	☐ Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	☐ Change	☐ Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change	☐ Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change	☐ Addition

CR2E034 (12/95)

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 by an attachment with an address.

SIGNATURE: Peter W. Salter 2/16/96 (805)854-3166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter W. Salter President

DATE

DAYTIME PHONE NUMBER