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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G73283

IMPART SPECIAL PRODUCTS, INC.

(5)

FILED
May 06 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address						4 seminis man chann saith seth chinh sitt dibit dibit bifft difft dibit bifft		
C/O WILLIAM R. LUDT 4005 BAUNDERS ROAD GREEN COVE SPRINGS FL 32043 US		% WILLIAM R. LUDT 4095 SAUNDERS ROAD GREEN COVE SPRINGS FL 32043 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						12/07/1983		
2. Principal P	lace of Business	2a. Mailing Address	· ·			4. FEI Number Applied For		
21		26				59-2355451 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional		
22		27				Fee Required		
City & State		City & State				Election Campaign Financing \$5.00 May Be		
23		[28]	T			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year intangible		
24	9. Name and Address of Current	Projetered Acent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
111	DT. WILLIAM R.	nagistera Agent		81	Name	10. Harrie and Address of Hear Hegistered Agent		
	95 SAUNDERS ROAD							
	EEN COVE SPRINGS FL 32043			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
CHECH COVE SPRINGS PE 32043				83				
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the at	ονε	named corpo			
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was tions of Section 607 0505. Fi	authorized lorida Stat	d by utes	the corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
SIGNATURE	The second secon		onda otat	0.00	•			
SIGNATURE	Signature typed or printed name of registered agen	and little if applicable (NO	TE: Registered	Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.		· · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT WHILMIA	☐ DELETE	1.1 10	-		☐ Change ☐ Additio		
NAME	LUDT, WILLIAM R 4095 SAUNDERS ROAD		1.2 NA					
STREET ADDRESS	GREEN COVE SPRINGS FL				ADDRESS			
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TITLE	LUDT. BARBARA J	☐ DELETE	2.1 111			☐ Change ☐ Additio		
NAME	4095 SAUNDERS ROAD		2.2 NA		1			
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NAME			6.2 NA			• ==		
STREET ADDRESS					ADDRESS			
CITY OF THE					7 710	•		

14. I 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 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 manged, or on an attachment with an address

(Barbara J. Ludt)

4/27/98

904/284-4489

CR2E034 (10/97)