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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

• 1996

DOCUMENT #

1. Corporation Name

H32129

(9)

ENGINEERING SPECIALTY PRODUCTS, INC.

Principal Place of Business Mailing Arldress 954 FLORIDA AVENUE 954 FLORIDA AVENUE ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 11/30/1984 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2477632 26 1810 Peachtres \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Unit 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032. Country Yes ANO Brevard Florida Statutes 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KIRSCHNER, DONNA C. 82 954 FLORIDA AVENUE В3 **ROCKLEDGE FL 32955**

1). Pursuant to the provisions of Sections 607.0502 and 607.150%, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Porida Such change was a ithorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505. Florida Statutes.

City

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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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)(k). 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 cath; that I am an officer or director of the couporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Exrida Statutes; and that my name appears in Brusk 12 or Block 13 & chapters. If you have a larger statute of the couporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Exrida Statutes; and that my name

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Zip Code

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