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 # **P93000062759 (4)**

1. Corporation Name

SPECIALTY BUILDING SERVICES, INC.

Principal Place of Business
6628 ILEX CIR
NAPLES FL 33942

Mailing Address
6628 ILEX CIR
NAPLES FL 33942

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 01/31/1995

4. FEI Number: 65-0432839 ☐ 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

2. Principal Place of Business
21 5733 Houchin St.
Suite, Apt. #, etc.
22
City & State
23 Naples, Fl
Zip 24 33942 Country 25 USA

2a. Mailing Address
26 5733 Houchin St.
Suite, Apt. #, etc.
27
City & State
28 Naples, Fl.
Zip 29 33942 Country 30 USA

9. **Name and Address of Current Registered Agent**

BYRD, CLIFFORD E
6628 ILEX CIR
NAPLES FL 33942

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Clifford E Byrd, President   DATE: 1/18/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BYRD, CLIFFORD E	
STREET ADDRESS	6628 ILEX CIR	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	☒ DELETE
NAME	BYRD, SHARAN A	
STREET ADDRESS	6628 ILEX CIR	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	☐ Change ☒ Addition
1.2 NAME	Kevin L. Rea	
1.3 STREET ADDRESS	6640 A Ilex Circle	
1.4 CITY-ST-ZIP	Naples, Fl. 33942	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 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: Clifford E. Byrd   1-18-96   941-598-9592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)