

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 # **P93000084673 (1)**

1. Corporation Name

**CONSOLIDATED SPECIALTIES, INC.**



Principal Place of Business

**375 DOUGLAS AVE.  
SUITE 2007  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**375 DOUGLAS AVE.  
SUITE 2007  
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified  
**12/10/1993**

3a. Date of Last Report  
**02/27/1995**

4. FEI Number  
**59-3226286**

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 **375 DOUGLAS AVENUE**

2a. Mailing Address

26 **P.O. BOX 160699**

Suite, Apt. #, etc.  
22 **SUITE 2008**

Suite, Apt. #, etc.

27

City & State  
23 **ALTAMONTE SPRINGS, FL**

City & State  
28 **ALTAMONTE SPRINGS, FL**

Zip Country  
24 **32714** 25 **USA**

Zip Country  
29 **32716-0699** 30 **USA**

9. Name and Address of Current Registered Agent

**ALLEN, THOMAS F.  
375 DOUGLAS AVE.  
SUITE 2008  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name  
**VICTORIA E. MOWINSKI**

82 Street Address (P.O. Box Number is Not Acceptable)  
**375 DOUGLAS AVENUE**

83 **SUITE 2008**

84 City **ALTAMONTE SPRINGS** FL 85 Zip Code **32714**

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 **VICTORIA E. MOWINSKI**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**4-24-96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **VSTD**  
STREET ADDRESS **MOWINSKI, VICTORIA E**  
CITY-ST-ZIP **611 PHEASANT AVE.  
LONGWOOD FL**

TITLE ☒ DELETE  
NAME **PDC**  
STREET ADDRESS **ALLEN, THOMAS F.**  
CITY-ST-ZIP **2722 CLOUDCROFT DRIVE  
APOPKA FL**

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 **PD** ☒ Change ☒ Addition  
1.2 NAME **JAMES A. MOWINSKI**  
1.3 STREET ADDRESS **611 PHEASANT AVENUE**  
1.4 CITY-ST-ZIP **LONGWOOD, FL 32750** ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ 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

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: **VICTORIA E. MOWINSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-96**  
Date

**407-786-7696**  
Daytime Phone #

CR2E034 (12/95)