FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$1-712



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Secretary of State

DIVISION OF CORPORATIONS
96 APR 30 PM 12: 36

P94000039338 (6) **DOCUMENT #** 1. Corporation Name

SPECIALTY PRODUCTS GLOBAL, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principa' Place of Business Mailing Address										
1401 COURT ST CLEARWATER FL 34616		C/O J. 80B HUMPHRIES. ESQUIRE 501 E KENNEDY BLVD SUITE 1700 TAMPA FL 33602		Date Incorporated or Qualified 05/24/1994	3a. Date 03/	of Last F				
2. Principal Pla	ace of Business	2a, Malling Address			4. FEI Number	Applied For				
21		26			59-3244430	Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing		\$5.0	0 May Be		
23		28			Trust Fund Contribution			ed to Fees		
Zιp	Country	Zip	Cou	untry		8. This corporation has liability for	intangible ta	under s	199.032,	
24	25	29	30				⊳ ∏ No			
	Name and Address of Current Registered Agent					10. Name and Address of New F	Registered A	gent		
				81	Name					
HUMPHRIES, J. BOB				82 Street Address (P.O. Box Number is Not Acceptable)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
501 E KENNEDY BLVD										
SUITE 1700				83						
TAMPA FL 33602				84	City			85 Z	ip Code	
			-11	<u> </u>			FL	ــــــــــــــــــــــــــــــــــــــ		
or register	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was auth ori	zed by the	ove-r corp	named corpoi oration's boa	ration submits this statement for the puricle and of directors. I hereby accept the app	rpose of chai ointment as i	nging its registered	registered office d agent. I am	
SIGNATURE										
	Signature, typed or printed name of registered agent and title			E. Registered Agent signature require		ad what reinstating) ADDITIONS/CHANGES TO OFF	DATE:	DIDECT	2DC IN 12	
12.	T	ND DIRECTORS	13.	1.1 TITLE		ADDITIONS/CHANGES TO OF		1 Change		
TITLE	DPST DIGITIES AT	7 O					L	1 Ollange	L. Houlies	
NAME	SPEER, RICHARD M			1.2 NAME						
STREET ADDRESS	1401 COURT STREET			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						
CITY-ST-ZIP	CLEARWATER FL 34616	☐ DELETE	CURACO CONTRACTOR CONT		-T - ZIP		<u> </u>	1 Change	Addition	
TITLE	AS DEPOS DOD I	[_] been	2. 1 YILL 2.2 NAM				L] Onlings		
NAME	HUMPHRIES, BOB J				LADDOCÉ Č					
STREET ADORESS	501 E. KENNEDY BLVD.				I ADDRESS					
C(1Y-ST-ZIP	TAMPA FL 33602	TT DELETE		•	S1 - ZIP		Г	7 Change	["] Addition	
TITLE				3 1 TITLE 3 2 NAME			L	, 8"	the same same	
NAME Atotal Indicas					T ADDRESS					
STREET ADDRESS					ST-ZIP					
CHY-ST-ZIF THEF		[] DELETE	•••	THILE):- <u></u>		-] Change	Addition	

6.4 CITY-SI-7IP CITY-ST-ZIP 14. Too hereby certify that the information supplied with this filing to 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 the annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made upon eath; that I am an effect or director of the corporation of 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 Blo

42 NAME

5 1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

CO DELETE

DELETE

4.3 STREET ADDRESS

4.4 CITY- ST-ZIP

5.4 CITY - \$1 - 21P

6.3 STREET ADDRESS

Bob Humphries, Asst. Sec. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/29/96

Date

(813) 222-1173

800001801128

****200,00

Charige Addition

☐ Addition

-04/30/96--01068--002

****200,00

Daytime Phone #

[_] Change