

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

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moriam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 95060018760  
1. Corporation Name

Tampa Specialties Inc

Principal Place of Business

Mailing Address

15906 McGlamery Rd  
Odessa FL 33556

same

3. Date Incorporated or Qualified  
3/6/95

3a. Date of Last Report  
1996

2. Principal Place of Business  
21 15906 McGlamery Rd

2a. Mailing Address  
26 same

4. FEI Number  
59 3304131

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State  
Odessa FL

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip  
33556

25 Country  
USA

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Daniel Hawkins  
15906 McGlamery Rd  
Odessa FL 33556

81 Name  
same as old

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: (Daniel Hawkins) President

5/5/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE: Daniel Hawkins  
NAME: Daniel Hawkins  
STREET ADDRESS: 15906 McGlamery Rd  
CITY, ST, ZIP: Odessa FL 33556

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: Jon Buckley - Vice President  
NAME: Jon Buckley  
STREET ADDRESS: 15906 McGlamery Rd  
CITY, ST, ZIP: Odessa FL 33556

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

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY, ST, ZIP: [Blank]

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY, ST, ZIP: [Blank]

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY, ST, ZIP: [Blank]

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY, ST, ZIP: [Blank]

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

5/13/97

800002188748  
-05/22/97--01116--034  
\*\*\*165.00

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Daniel Hawkins

5/5/97

813-920-8859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)