

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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90016 003 ***150.00



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

1999

DOCUMENT # **P95000022849 (0)**

ABC SPECIALTIES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number

59-3301521

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CAMPBELL, DAVID C
908 W. HALL ST.
MELBOURNE FL 32901

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

I, the undersigned, being a resident of the State of Florida, certify that the above named corporation complies with the provisions of the Florida Statutes, Chapter 607, Florida Statutes. Such changes were authorized by the corporation's Board of Directors. I hereby certify the appointment of the above named agent to act for the corporation in the State of Florida.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD
CAMPBELL, DAVID C
908 W. HALL ST.
MELBOURNE FL 32901

VD
CAMPBELL, DAVID (CHRIS)
908 W. HALL ST.
MELBOURNE FL 32901

STD
CAMPBELL, MARY M
1118 59TH AVE. NORTH
ST. PETERSBURG FL 33703

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I, the undersigned, 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 the filing of this report or on an attachment with an address.

Mary M Campbell

SIGNATURE

Secy/Treas

3/31/99

352-465-7970