

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038482 (2)

1. Corporation Name

SPECIFIC OXYGEN SOLUTIONS, INC.



Principal Place of Business

748 BROADWAY, SUITE 100
DUNEDIN FL 34698

Mailing Address

748 BROADWAY, SUITE 100
DUNEDIN FL 34698

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report

2. Principal Place of Business

21 1730 ALT HWY 19 SOUTH

2a. Mailing Address

26 1730 ALT HWY 19 SOUTH

4. FEI Number

59-3314189

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite G-400

Suite, Apt. #, etc.

27 Suite G-400

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 TARPON SPRINGS FL

City & State

28 TARPON SPRINGS FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 34689

Country

25 PINELAS

Zip

29 34689

Country

30 PINELAS

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

NICELEY, BAIRD

748 BROADWAY, SUITE 100
DUNEDIN FL 34698

81 Name

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

83 1730 ALT HWY 19 SOUTH, #6400

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSTD ☐ DELETE

NAME SMITH, CHRIS
STREET ADDRESS 1065 LEMON TREE LANE
CITY-ST-ZIP PALM HARBOR FL 34683

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME NICELEY, BAIRD
STREET ADDRESS 1982 CASTILLE DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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, unchanged, or on an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-96

813-448-0741

Date

Daytime Phone #

CR2E034 (12/95)