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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000069191 (1)

1. Corporation Name

EXPERIMENTAL PRODUCTS, INC.

Principal Place of Business

1042 JENKS AVE
PANAMA CITY FL 32401

Mailing Address

1042 JENKS AVE
PANAMA CITY FL 32401-2437



2. Principal Place of Business
21 270 H.L. Sudduth Circle
Suite, Apt. #, etc.
22 Panama City, FL
City & State
23 Zip 32404 Country Bay
24 32404 25 Bay
26 270 H.L. Sudduth Cir
Suite, Apt. #, etc.
27 Panama City, FL
City & State
28 32404 29 Bay
30 Bay

3. Date Incorporated or Qualified 09/05/1995
3a. Date of Last Report 03/13/1996
4. FEI Number 59-3342105
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

9. Name and Address of Current Registered Agent

ALBRITTON, RICHARD JR
1042 JENKS AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name Gamble, Robert W.
82 Street Address (P.O. Box Number is Not Acceptable)
83 270 H.L. Sudduth Circle
84 City Panama City FL 85 Zip Code 32404

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 *Robert W. Gamble* Robert W. Gamble 4/29/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D
NAME GAMBLE, ROBERT W
STREET ADDRESS 270 H.L. SUDDUTH CIR
CITY-ST-ZIP PANAMA CITY FL 32404
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
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CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Robert W. Gamble* RECORDED 4/29/97 904-871-3621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)