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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #
1. Corporation Name

P96000045133 (1)

SYNERGY SPECIALTY PRODUCTS, INC. Principal Place of Business Mailing Address 14200-BOTH STREET N. 14200-60TH STREET N. CLEARWATER FL 34620 **CLEARWATER FL 34620** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For -0685345 APPLIED FOR Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BRIELMAIER, JOHN J JR. 14200-60TH STREET N. Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34620 83 84 City 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE Change 1.1 TITLE TITLE PSD BRIELMAIER, JOHN J JR. 1.2 NAME NAME 14200-60TH STREET N. 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34620** 1.4 CITY-ST-ZIP CHTY-ST-ZIP Change ___ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 51 TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the in indicated on this annual re-officer or director of the ce Block 12 or Block 13 if ce in that in the first ling does not duality for the examplion state in section 173.07(3), holing does not duality for the examplion state in the first line i #20 17 98

supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

FILED Feb 19 1998 8:00am Secretary of State