

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

FILED

Apr 30 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 # P96000047434 (1)

1. Corporation Name

ELBERT SPECIALTY PRODUCTS, INC.

Principal Place of Business

408 WEST UNIVERSITY AVE., STE. 408
GAINESVILLE FL 32601

Mailing Address

408 WEST UNIVERSITY AVE., STE. 408
GAINESVILLE FL 32601-5289

3. Date Incorporated or Qualified
05/29/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 4533 SUNBEAM RO.

Suite, Apt. #, etc.

22 UNIT 803

City & State

23 JACKSONVILLE, FL

Zip

24 32257

Country

25 USA

2a. Mailing Address

26 4533 SUNBEAM RO

Suite, Apt. #, etc.

27 UNIT 803

City & State

28 JACKSONVILLE, FL

Zip

29 32257

Country

30 USA

4. FEI Number

59-3385790

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

HOPE, A. BICE
408 WEST UNIVERSITY AVE., STE. 408
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOPE, A. BICE
STREET ADDRESS 408 WEST UNIVERSITY AVE., STE. 408
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE "D/C/P/VP/S/T"
1.2 NAME PETER C. ELBERT
1.3 STREET ADDRESS 4533 SUNBEAM RD UNIT 803
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

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

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

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

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

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

904-737-0880

Date

Daytime Phone #

0055711

CR2E034 (9/96)