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Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90041 037 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000026380

1. Corporation Name

G3 SPECIALTIES, INCORPORATED



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified.

03/25/1997

4. FEI Number

59-3446234

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

Principal Place of Business

539 HARMON AVENUE  
PANAMA CITY FL 32401

Mailing Address

539 HARMON AVENUE  
PANAMA CITY FL 32401

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HOWARD, HERBERT L  
539 HARMON AVENUE  
PANAMA CITY FL 32401

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 ☐ DELETE  
NAME HOWARD, HERBERT L  
STREET ADDRESS POST OFFICE BOX 3969 N/A  
CITY-ST-ZIP SPRINGFIELD FL 32401

TITLE D ☐ DELETE  
NAME KEITH, ROBERT T  
STREET ADDRESS POST OFFICE BOX 1333 N/A  
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE D ☐ DELETE  
NAME MCGLOCKTON, H L  
STREET ADDRESS RTE. 2, BOX 66  
CITY-ST-ZIP BRISTOL FL 32321

TITLE S ☐ DELETE  
NAME ROULHAC, JUDY W  
STREET ADDRESS 1139 VARSITY DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ DELETE  
NAME MCGLOCKTON, EARL  
STREET ADDRESS 1205 COMMERCIAL PARK DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Herbert L. Howard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/99  
Date

760-5381  
Daytime Phone #