

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 # V15102 (9)

1. Corporation Name

SPECIALIZED POLYMERS, INC.



Principal Place of Business

316 CIRCLE DRIVE  
PALM HARBOR FL 34683

Mailing Address

316 CIRCLE DRIVE  
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

21 4743 U. S. 19

Suite, Apt. #, etc.

22 COMMUNITY PLAZA

City & State

23 NEW PORT RICHEY, FL

Zip

24 34652

Country

25 USA

2a. Mailing Address

26 4743 U. S. 19

Suite, Apt. #, etc.

27 COMMUNITY PLAZA

City & State

28 NEW PORT RICHEY, FL

Zip

29 34652

Country

30 USA

4. FEI Number

59-3109158

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

10. Name and Address of New Registered Agent

YOUNG, ROBERT  
316 CIRCLE DR  
PALM HARBOR FL 34683

81 Name

PATRICIA JONES

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

4743 U. S. 19

83

COMMUNITY PLAZA

84 City

NEW PORT RICHEY

FL

85 Zip Code

34652

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

*Patricia Jones*

(NOTE: Registered Agent Signature required when removing)

4/15/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPV  
YOUNG, ROBERT  
316 CIRCLE DR  
PALM HARBOR FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
YOUNG, ROBERT  
316 CIRCLE DR  
PALM HARBOR FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

P/D

RICHARD W. YOUNG

541 ONE CENTER BLVD. #202

ALTAMONTE SPRINGS, FL 32701

S/T/D

PATRICIA JONES

4743 U.S. 19

NEW PORT RICHEY, FL 34652

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 if changed, or on an attachment with an address.

SIGNATURE:

*Richard W. Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

(813) 845-4166

CR2E034 (12/95)