

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90655 025 ***158.75

DOCUMENT # V15102 1. Entity Name SPECIALIZED POLYMERS, INC.																																				
Principal Place of Business 1299 WEST MAIN STREET PENSACOLA, FL 32501 US		Mailing Address P.O. BOX 2128 PENSACOLA, FL 32573-2128 US																																		
2. Principal Place of Business 1095 Hidden Terrace Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1118 Suite, Apt. #, etc.																																		
City & State Cantonment, FL Zip 32533 Country Escambia		City & State Gonzales, FL Zip 32560 Country Escambia																																		
4. FEI Number 59-3109158		Applied For ☐ Not Applicable																																		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																		
6. Name and Address of Current Registered Agent NOLEN, BOB W 2201 W NAVY BLVD PENSACOLA, FL 32505		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																				
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____																																				
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P NOLEN, BOB W 2201 W NAVY BLVD PENSACOLA, FL 32505</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>VP NOLEN, PATRICK W 2201 W NAVY BLVD PENSACOLA, FL 32505</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE</td> <td>S NOLEN, DOROTHY S 2201 W NAVY BLVD PENSACOLA, FL 32505</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;">☐ Delete</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P Bob W. Nolen 1095 Hidden Terrace Dr Cantonment, FL 32533</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>VP Patrick W. Nolen 5964 Pernaella Dr. Pensacola, FL 32504</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> </table>				TITLE	P NOLEN, BOB W 2201 W NAVY BLVD PENSACOLA, FL 32505	☐ Delete	TITLE	VP NOLEN, PATRICK W 2201 W NAVY BLVD PENSACOLA, FL 32505	☐ Delete	TITLE	S NOLEN, DOROTHY S 2201 W NAVY BLVD PENSACOLA, FL 32505	☒ Delete	TITLE		☐ Delete	TITLE		☐ Delete	TITLE		☐ Delete	TITLE	P Bob W. Nolen 1095 Hidden Terrace Dr Cantonment, FL 32533	☒ Change ☐ Addition	TITLE	VP Patrick W. Nolen 5964 Pernaella Dr. Pensacola, FL 32504	☒ Change ☐ Addition	TITLE		☐ Change ☐ Addition	TITLE		☐ Change ☐ Addition	TITLE		☐ Change ☐ Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																				
SIGNATURE:		Bob W Nolen 4/25/04 850-968-5117																																		