

**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 # 283216 (0)**  
1. Corporation Name  
**POLYENGINEERING OF FLORIDA INC**



Principal Place of Business Mailing Address  
**1935 HEADLAND AVENUE  
P.O. BOX 837  
DOTHAN AL 36302**

3. Date Incorporated or Qualified **07/06/1964** 3a. Date of Last Report **03/23/1995**  
4. FEI Number **63-0779072** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**MOORE, JAMES E  
15 JOHN C SIMS PKWY  
NICEVILLE FL 32578**

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 607.0305, Florida Statutes.  
SIGNATURE *E. Lamar Faulk* DATE **3/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>FAULK, E. LAMAR</b>	
STREET ADDRESS	<b>1203 AMHERST DRIVE</b>	
CITY-ST-ZIP	<b>DOTHAN AL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MOBLEY, MAX A.</b>	
STREET ADDRESS	<b>121 WHITEHEAD ROAD</b>	
CITY-ST-ZIP	<b>ABBEVILLE AL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>WAID, CHARLES B.</b>	
STREET ADDRESS	<b>413 AZALEA CIRCLE</b>	
CITY-ST-ZIP	<b>DOTHAN AL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>MCCALLISTER, HOWARD</b>	
STREET ADDRESS	<b>RT. 1, BOX 297</b>	
CITY-ST-ZIP	<b>COTTONWOOD AL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>STEPHENS, GLENN D.</b>	
STREET ADDRESS	<b>1900 GLASGOW DR</b>	
CITY-ST-ZIP	<b>DOTHAN AL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BRANNON, JAMES R.</b>	
STREET ADDRESS	<b>RT 1, BOX 207D</b>	
CITY-ST-ZIP	<b>COTTONWOOD, AL 36320</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DOVRE, HOWARD</b>	
1.3 STREET ADDRESS	<b>RT. 2, BOX 106C</b>	
1.4 CITY-ST-ZIP	<b>HEADLAND, AL. 36345</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *E. Lamar Faulk* DATE: **3/15/96** TIME: **334.793.4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)