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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 283216

(0)

POLYENGINEERING OF FLORIDA INC

	FILE	D
Jul 07	1997	8:00am
Secr	etary	of State

Principal Place	e of Business	Mailing Address				
1935 HEADLAN	ID AVENUE	1935 HEADLAND AVENUE				
P.O. BOX 837		P.O. BOX 837				
DOTHAN AL 36	5302	DOTHAN AL 36302-0837		2 Para la constant de Octobra	3a. Date of Last Report	
				3. Date Incorporated or Qualified 07/06/1964	03/19/1996	
	15	l earlier Audion				
_	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		63-0779072	Not Applicable	
Suite, Apt.	W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		City & State				
City & State	8	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country			
	├─ ┐ ,	29 3	-	This corporation has liability for in Florida Statutes	Yes No	
24	25 9. Name and Address of Currer		10	10. Name and Address of New Re		
1100		n rogistorea ngerit	B1 Name	10. 110.110		
MOUNE, JAMES E				· · · · · · · · · · · · · · · · · · ·		
1	IOHN C SIMS PKWY		82 Street	Address (P.O. Box Number is Not Acceptab	ie)	
NICEVILLE FL 32578						
			[83]			
			84 City		FL 85 Zip Code	
44 0	to the equipment of Sections 607.060	2 and 607 1609 Florida Statutos	the above named	corporation submits this statement for the p		
office or re	egistered agent, or both, in the State	of Florida, Such change was au	thorized by the corp	corporation submits this statement for the poparation's board of directors. I hereby acceptions	t the appointment as registered	
agent. I a	m lamiliar with, and accept the oblig	ations of, Section 607,0505, Flori	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered age	(A-STC)	Registered Agent signature		DATE	
	OFFICERS AN	 	13.	ADDITIONS/CHANGES TO OFFIC		
12.	PD OFFICERS AIN	DELETE	1.1 TITLE	T V	Change XX Addition	
1	FAULK. E. LAMAR			Parrish, Bret L.	C 0.0.9. AD 00.00.	
NAME	1203 AMHERST DRIVE		1.2 NAME	115 Martha Ave.		
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-2#P	DOTHAN AL	1105.555	1.4 CITY - ST - ZIP	Dothan, AL		
TITLE	VD	DELETE	2.1 TIFLE		Change	
NAME	MOBLEY, MAX A.		2.2 NAME			
STREET ADDRESS	121 WHITEHEAD ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	ABBEVILLE AL		2. 4 CITY - ST - ZIP		·	
TITLE	VD	☐ DELETE	3 1 TITLE		Change Addition	
NAME	DOVRE, HOWARD	,	3.2 NAME			
STREET ADDRESS	RT 2 BOX 106C		3.3 STREET ADDRESS			
CITY-ST-ZIP	HEALAND AL		3.4. CITY+ST+ZIP			
TITLE	STD	DELETE	4.1 TITLE		Change Addition	
NAME	MCCALLISTER, HOWARD		4. 2 NAME			
STREET ADDRESS	RT. 1, BOX 297		4.3 STREET ADDRESS			
1	COTTONWOOD AL					
CITY-ST-ZIP	VD	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
TITLE	STEPHENS, GLENN D.	C Detere		40000223		
NAME			5.2 NAME	40000223 -07/08/970102	2014	
STREET ADDRESS	1900 GLASGOW DR		5.3 STREET ADDRESS	***70.00	1	
CITY-ST-ZIP	DOTHAN AL		5.4 CiTY-ST-ZIP	- 4444 10 2 CO	10000	
TITLE	AD.	DELETE	6.1 TITLE		Change	
NAME '	Brannon, James R.		6.2 NAME		0 > 1	
STREET ADDRESS	Rt. 1 , Box 207D		6.3 STREET ADDRESS	·	1 1/2	
CITY-ST-ZIP	Cottonwood AL		6 4 CITY - ST - ZiP			
14. I do heret	by certify that the information supplie	d with this filing does not qualify	for the exemption s	taled in Section 119.07(3)(i), Florida Statute	s 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 manged, or on an attachment with an address.						
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