

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 283216 (0)

1. Corporation Name
POLYENGINEERING OF FLORIDA INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1935 HEADLAND AVENUE P.O. BOX 837 DOTHAN AL 36302		Mailing Address 1935 HEADLAND AVENUE P.O. BOX 837 DOTHAN AL 36302	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/06/1964	4. FEI Number 63-0779072
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
23 Zip	28 Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

MOORE, JAMES E
15 JOHN C SIMS PKWY
NICEVILLE FL 32576

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAULK, E. LAMAR	
STREET ADDRESS	1203 AMHERST DRIVE	
CITY-ST-ZIP	DOTHAN AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOBLEY, MAX A.	
STREET ADDRESS	121 WHITEHEAD ROAD	
CITY-ST-ZIP	ABBEVILLE AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOVRE, HOWARD	
STREET ADDRESS	RT 2 BOX 108C	
CITY-ST-ZIP	HEALAND AL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCCALLISTER, HOWARD	
STREET ADDRESS	RT. 1, BOX 297	
CITY-ST-ZIP	COTTONWOOD AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEPHENS, GLENN D.	
STREET ADDRESS	1900 GLASGOW DR	
CITY-ST-ZIP	DOTHAN AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRANNON, JAMES R	
STREET ADDRESS	RT. 1 BOX 207D	
CITY-ST-ZIP	COTTONWOOD AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Parrish, Bret L.	
1.3 STREET ADDRESS	115 Marth Ave.	
1.4 CITY-ST-ZIP	Dothan AL	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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*

3/13/98

CR2E034 (10/97)