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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90001 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **283216**

1. Corporation Name
POLYENGINEERING OF FLORIDA INC



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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1964	
4. FEI Number 63-0779072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 106C	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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)(i), 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, with all other like empowered.

SIGNATURE: *E. Lamar Faulk* **E. Lamar Faulk, President 03/16/99 (334) 793-4700**

CR2E034 (1/98)