

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F36054 1. Corporation Name PLASTIC TUBING INDUSTRIES, INC.					
Principal Place of Business 750 VULCAN RD. P.O. BOX 607356 ORLANDO, FL 32860			Mailing Address 750 VULCAN RD. P.O. BOX 607356 ORLANDO, FL 32860		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
3. Date Incorporated or Qualified 05/22/1981			4. FEI Number 59-2090731		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐			\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent HELLER, B.J. 118 E. CONCORD STREET ORLANDO FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE ☐ DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE ☐ DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE ☐ DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE ☐ DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition					

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)