FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068551 (9)**

1. Corporation Name

ACE PLASTICS PRODUCTS, INC.

Principal Place of Business	Mailing Address
10550 72ND STREET NORTH LARGO FL 34647	6914 CEDAR RIDGE DR. PINELLAS PARK FL 34665 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3204297 ☐ 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

9. Name and Address of Current Registered Agent

REDMOND, BARBARA A.
6914 CEDAR RIDGE DR.
PINELLAS PARK FL 34665

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OPT	11 TITLE	DVS	☐ Change ☒ Addition
NAME	REDMOND, BARBARA A	12 NAME	REDMOND, DANIEL, JR.	
STREET ADDRESS	6914 CEDAR RIDGE DR	13 STREET ADDRESS	10550 72nd St. N.	
CITY-ST-ZIP	PINELLAS PARK FL	14 CITY-ST-ZIP	Largo, FL 34647	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	WELLS, RICHARD M	22 NAME	WELLS, RICHARD M.	
STREET ADDRESS	5119 2ND AVENUE SOUTH	23 STREET ADDRESS	TERMINATED 8-12-94	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	24 CITY-ST-ZIP		
TITLE		31 TITLE	DVS	☐ Change ☒ Addition
NAME		32 NAME	REDMOND, SCOTT	
STREET ADDRESS		33 STREET ADDRESS	10550 72nd St. N.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Largo, FL 34647	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 the 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: Barbara H. Redmond 4/27/95 593-56-7384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
BARBARA H. REDMOND

0384410 CP