

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 99 MAR 15 PM 3:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000032565

1. Corporation Name
INDUSTRIAL PLASTICS SUPPLY, INC.

Principal Place of Business Mailing Address

**5111 SOUTH PINE AVENUE
 BUILDING F
 OCALA FL 34480** **5111 SOUTH PINE AVENUE
 BUILDING F
 OCALA FL 34480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 P.O. Box 1555
22 City & State	27 Suite, Apt #, etc.
23 Zip	28 City & State
24 Country	29 Lady Lake, FL
	30 Zip
	31 32158-1555
	32 Country
	33 USA

3. Date Incorporated or Qualified
04/09/1998

4. FEI Number
59-3503867 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 owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

81 Name **Spiegel & Urbina, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue

83

84 City **Coral Gables** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0507 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: *[Signature]*
 Signature of **James Hutton, Vice President**

1-8-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	JEFF HUTTON	
STREET ADDRESS	PO BOX 1555 SH	
CITY-ST-ZIP	LADY LAKE FL 32158-1555	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Director** Change Addition

12 NAME **Jeff Hutton**

13 STREET ADDRESS **5111 South Pine Ave, Building F**

14 CITY-ST-ZIP **Ocala, FL 34480**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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******150.00 ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *[Signature]* **JEFF HUTTON Director**

1-8-99

CR2E034 (11/98)