

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 278119**

1. Corporation Name

**CAPE KENNEDY PLASTICS INC**

Principal Place of Business

**5055 STATE RD 46  
MIMS FL 32754**

Mailing Address

**5055 STATE RD 46  
MIMS FL 32754**

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90003 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/04/1964**

4. FEI Number

**59-1053762**

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

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**MANDISH, T O  
5055 STATE RD 46  
MIMS FL 32754**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **MANDISH, T O**  
CITY-ST-ZIP **5055 ST RD 46, HWY. 46**  
**MIMS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD**  
STREET ADDRESS **MANDISH, DONEATH M**  
CITY-ST-ZIP **5055 ST RD 46**  
**MIMS FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **MANDISH, DONEATH M**  
CITY-ST-ZIP **5055 ST RD 46, HWY. 46**  
**MIMS FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)