## 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

## CLIMENT # 070

1. Corporation	NNEDY PLASTICS INC						
Principal Place of Business Mailing Address					- 3 10010 11811 10001 15001 51010 1611 01811	Alayi Alahi Alaii A	1911 B)B)I (BBI
5055 STATE RD 46 5055 STATE RD 46							
MIMS FL 32754 MIMS FL 32754					SO NOT MOTE IN THE	0.00405	
					DO NOT WRITE IN THE	S SPACE	<del></del>
					3. Date Incorporated or Qualifed 02/04/1964		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21	•	26			59-1053762	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				1,5.4	5. Certificate of Status Desired	\$8.75	
27					5. Certificate of Status Desired	Fee Re	quired
City_& State	City & State City & State					May Be	
City_&_State	28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year to		
24	25	29 30	<u> </u>		Personal Property Tax.	[_] Yes	□No
•	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	1 Agent	
14414	DIGIL # O		81	Name			
MANDISH, T O			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
5055 STATE RD 46							<u></u>
MIMS FL 32754			83	83			
				City	F	85 Zip (	Code
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obligations Signature, typed or printed name of registered age	of Florida. Such change was auth ations of, Section 607.0505, Florida and title if applicable. (NOTE: Re	orized by a Statutes	tne corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose of the purp	omment as to	9,510,700
12.		ND DIRECTORS	1.1 TITLE		ADDITIONS OF A TO CLI T	Change	☐ Addition
TITLE	D						
NAME	MANDISH,T O	•	1.2 NAME	*			
STREET ADDRESS	5055 ST RD 46, HWY. 46			T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	II-ZIP		Change	Addition
TITLE	SD MANDIOU DONEATH M						
NAME	MANDISH,DONEATH M		2.2 NAME	T ADDRESS	•		
STREET ADDRESS	5055 ST RD 46			<b>,</b>			
CITY-ST-ZIP	MIMS FL	☐ DELETE	2.4 CITY-:	SI-ZIP		- Change	Addition
_TITLE:	MANDISH, DONEATH M	ا المحددات	3.1 TITLE 3.2 NAME	Ì			_
NAME	5055 ST RD 46, HWY. 46			TADDRESS			
STREET ADDRESS	MIMS FL						
CITY-ST-ZIP	MINOTE	☐ DELETE	3.4. CITY-:	31-21		Change	☐ Addition
NAME			4, 2 NAME				
STREET ADDRESS				TADDRESS			ĺ
			4.4 CiTY-5				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME		_	5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
, OILITAITE		□ DELETE	61 TITLE	<del></del>	<u> </u>	Change	☐ Addition

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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Mar 24, 1999 8:00 am Secretary of State

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