SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $278 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 8:5[illegible]
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **342007** **(2)**

1. Corporation Name
POLYGARD, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5010 N. COOLIDGE AVE P.O. BOX 15477 TAMPA FL 33684	5010 N. COOLIDGE AVE P.O. BOX 15477 TAMPA FL 33684

3. Date Incorporated or Qualified: **02/24/1969**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1560107** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EMERSON, GLENN
5010 N. COOLIDGE AVE.
TAMPA FL 33614

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	DS	1.1 TITLE	V/D/S	☒ Change ☐ Addition
NAME	EMERSON, FRED	1.2 NAME		
STREET ADDRESS	6025 ROSEWOOD DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, HENRY	2.2 NAME		
STREET ADDRESS	324 COUNTRY CLUB DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR, FL 00000	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	N/A	☒ Change ☐ Addition
NAME	EMERSON, ROBERT	3.2 NAME		
STREET ADDRESS	5519 VAN DKYE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	EMERSON, GLENN	4.2 NAME		
STREET ADDRESS	5517 VAY DKYE RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	V/D/T	☐ Change ☒ Addition
NAME		5.2 NAME	Emerson, John	
STREET ADDRESS		5.3 STREET ADDRESS	1021 Crystal Lake Rd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lutz, Fl. 33549	
TITLE		6.1 TITLE	V/D	☐ Change ☒ Addition
NAME		6.2 NAME	Pratt, Eric	
STREET ADDRESS		6.3 STREET ADDRESS	5517 Van Dyke Rd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lutz, Fl. 33549	

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 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.

SIGNATURE: _____ June 7, 1995 (813)877-7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Glenn Emerson/P/D

CR2E034 (3/95)

0184667 FP