

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 342007 (2)

1. Corporation Name

POLYGARD, INC.



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
07/07/1995

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

4. FEI Number

59-1560107

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of ~~Other~~ Registered Agent

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

81 Name

EMERSON, GLENN

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

10913 WINTER OAK PLACE

83

TAMPA, FLORIDA 33624

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

TITLE VD
NAME EMERSON, FRED
STREET ADDRESS 6025 ROSEWOOD DR
CITY - ST - ZIP TAMPA, FL 00000 ☐ DELETE

TITLE VD
NAME ELLIOTT, HENRY
STREET ADDRESS 324 COUNTRY CLUB DR
CITY - ST - ZIP OLDSMAR, FL 00000 ☐ DELETE

TITLE PD
NAME EMERSON, ROBERT
STREET ADDRESS 5519 VAN DYKE RD
CITY - ST - ZIP LUTZ FL ☒ DELETE

TITLE PD
NAME EMERSON, GLENN
STREET ADDRESS 5517 VAY DYKE RD
CITY - ST - ZIP LUTZ FL ☐ DELETE

TITLE VDT
NAME EMERSON, JOHN
STREET ADDRESS 1021 CRYSTAL LAKE ROAD
CITY - ST - ZIP LUTZ FL ☐ DELETE

TITLE VD
NAME PRATT, ERIC
STREET ADDRESS 5517 VAN DYKE ROAD
CITY - ST - ZIP LUTZ FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VDS ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ZIP: 33615 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ZIP: 34677 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 10913 WINTER OAK PLACE
4.4 CITY - ST - ZIP TAMPA, FLORIDA 33624

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ZIP: 33549

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP zip: 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Emerson, Vice-Pres/Treas.

06/06/96

(813) 877-7591

Date

Daytime Phone #

CR2E034 (3/96)