

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

5010 N. COOLIDGE AVE  
P.O. BOX 15477  
TAMPA FL 33614

Mailing Address

5010 N. COOLIDGE AVE  
P.O. BOX 15477  
TAMPA FL 33614

PLEASE CORRECT ZIP NUMBER.



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
02/24/1969

3a. Date of Last Report  
06/13/1996

4. FEI Number  
59-1560107

Applied For  
Not Applicable

5. Certificate of Status Desired XXXXX

\$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 XXXX Yes No

9. Name and Address of Current Registered Agent

EMERSON, GLENN  
10913 WINTER OAK PLACE  
TAMPA FL 33624

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

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	EMERSON, FRED	
STREET ADDRESS	6025 ROSEWOOD DR	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, HENRY	
STREET ADDRESS	324 COUNTRY CLUB DR	
CITY-ST-ZIP	OLDSMAR, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EMERSON, GLENN	
STREET ADDRESS	10913 WINTER OAK PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EMERSON, JOHN	
STREET ADDRESS	1021 CRYSTAL LAKE ROAD	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRATT, ERIC	
STREET ADDRESS	5517 VAN DYKE ROAD	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ZIP: 33615
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13507 WESTSHIRE DRIVE
3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33618
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ZIP: 33549
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	ZIP: 33549
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

02/05/97 (813) 877-7591

SIGNATURE:

Signature required  
Signature and Title of Officer, Director, Receiver, or Trustee

Date

Daytime Phone #

CR2E034 (9/96)