

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

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **342007** (2)  
1. Corporation Name  
**POLYGARD, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5010 N. COOLIDGE AVE P.O. BOX 15477 TAMPA FL 33614 US</b>		Mailing Address <b>5010 N. COOLIDGE AVE P.O. BOX 15477 TAMPA FL 33614 US</b>		3. Date Incorporated or Qualified <b>02/24/1969</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>59-1560107</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <b>XXXX</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required <b>\$8.75</b>		9. Additional Fee Required <b>\$5.00</b>		10. May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>EMERSON, GLENN 10913 WINTER OAK PLACE TAMPA FL 33624</b>		10. Name and Address of New Registered Agent <b>PLEASE CORRECT ADDRESS 13507 WESTSHIRE DRIVE TAMPA, FLORIDA 33618</b>	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	
NAME	EMERSON, FRED	1.2 NAME	
STREET ADDRESS	6025 ROSEWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	EMERSON, GLENN	2.2 NAME	
STREET ADDRESS	13507 WESTSHIRE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	VDT	3.1 TITLE	
NAME	EMERSON, JOHN	3.2 NAME	
STREET ADDRESS	1021 CRYSTAL LAKE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	PRATT, ERIC	4.2 NAME	
STREET ADDRESS	5517 VAN DYKE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:  **REQUIRED** 01/08/98 (813) 877-7591

CR2E034 (10/97)