

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90039 023 ***158.75

DOCUMENT # 342007

1. Corporation Name
POLYGARD, INC.

Principal Place of Business
5010 N. COOLIDGE AVE
P.O. BOX 15477
TAMPA FL 33614
US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1969

4. FEI Number

59-1560107

Applied For
Not Applicable

5. Certificate of Status Desired ☒ XXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5010 N. COOLIDGE AVENUE

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FLORIDA

Zip

24 33614

Country

25 U.S.

2a. Mailing Address

26 POST OFFICE BOX NO. 15477

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FLORIDA

Zip

29 33684-5477

Country

30 U.S.

9. Name and Address of Current Registered Agent

EMERSON, GLENN
13507 WESTSHORE DRIVE
TAMPA FL 33618

PLEASE CORRECT:...

81 Name

EMERSON, GLENN

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

13507 WESTSHIRE DRIVE

83

84 City

FL

85 Zip Code

33618-2500

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 ☐ DELETE

TITLE VSD
NAME EMERSON, FRED
STREET ADDRESS 6025 ROSEWOOD DR
CITY-ST-ZIP TAMPA FL 33615

TITLE PD
NAME EMERSON, GLENN
STREET ADDRESS 13507 WESTSHIRE DR
CITY-ST-ZIP TAMPA FL 33618

TITLE VDT
NAME EMERSON, JOHN
STREET ADDRESS 1021 CRYSTAL LAKE ROAD
CITY-ST-ZIP LUTZ FL 33549

TITLE VD
NAME PRATT, ERIC
STREET ADDRESS 5517 VAN DYKE ROAD
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME EMERSON, FRED
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP (Correction)

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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.

SIGNATURE:

SIGNATURE REQUIRED
John J. Emerson, Vice Pres./Treas.

01/29/99

Date

(813) 877-7591

Daytime Phone #

CR2E034 (11/98)

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