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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 496879

1. Corporation Name

(8)

THERMOPLASTIC SOLUTIONS, INCORPORATED

Principal Place of Business

Mailing Address

1251 SEEDS AVENUE SARASOTA FL 34237 1251 SEEDS AVENUE SARASOTA FL 34237-2917

FILED Apr 14 1997 8:00am Secretary of State



Wilding III a see									- 1					
										 Date Incorporated or Qualified 02/18/1976 	ied 3a. Date of Last Report 04/17/1996			
2. Principal Place of Business				2s. M	2s. Mailing Address				4. FEI Number			Applied For		
21	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 			26						59-1644555			Not Applice	ıble
22	Suite, Apt. #, etc.			27 St	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional Required	I
City & State			Ci	City & State					6. Election Campaign Financing		\$5.0	O May Be		
23	3			28						Trust Fund Contribution			d to Fees	
	žip	Country		Zi	Zip Coi		Country			8. This corporation has liability for	r intangible	a tax unde	s. 199.032	2,
24			25	29		30					☐ Yes			
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent				
SHANNON, DONNA P.							81	Name						
1251 SEEDS AVE.					82 Street Ad			Street /	Address	(P.O. Box Number is Not Accepta	able)			
SARASOTA FL 34237														
<u> </u>							83							1
								City			Fi	85 Zi	p Code	
	office or r	egistered ag	ent, or both, in the St	ate of Florida.	Such change was a	authorize	ed by	the corp	corpora	ation submits this statement for the	purpose o	of changing	j its register as registere	red
	agent. I a NATURE	m familiar wi	th, and accept the of	oligations of, S	oction 607.0505, Flo	orida Sta	atutes	3.		·			v	
9101	MATORE	Signature, typed	or printed name of registered			E: Register	ed Age	nt signature	required v	r'ion reinstatirig)	DATE			
12.			OFFICERS	AND DIRECTO		13.			····	ADDITIONS/CHANGES TO OFFI	CERS AND			\ <u>\</u>
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	NAME SHANNON, DONNA P.						1MAP							5
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NAME		PICKETT,					NAME	i						
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NAME	ł		CISCO, MARY			6.2 N		ļ]
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4. I do nereby 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 it changed, or on an attachment with an address.

CICNATURE.

John Dalo A John Diver

4-2-97

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