## 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

## DOCUMENT # 652745

ENGINEERING PLASTICS COMPANY, INC.

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90042 006 \*\*\*150.00

			- <del></del>								
Principal Place	e of Business	Mailing Address									
5927 NE 387H		5927 NE 38TH STREET									
GAINESVILLIE FL 32609-1515		GAINESVILLE FL 32609-1515			Ì	DO NOT WRITE IN THIS SPACE					
						3. 1	Date Incorporated or	Qualifed			
						į.	01/18/1980				
2. Principal P	lace of Business	2a. Mailing Address					FEI Number			A	prilied For
21		26				!	59-1971227			N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	A Iditional	
22		27			3. (	Certifcate of Status D	esirea (	<b></b>	Fee R	equired	
City & State		City & State			6. 6	Election Campaign Fi	nancing <sub>t</sub>		\$5.00	Мау Ве	
23		28				Trust Fund Contribution	on '		Added	tc Fees	
Zip	Cour try	Zip Country			8.	This corporation owes	the current	tyear nf			
24	25	29	30				Persor al Property Tax			☐Yes	l∃No
	9. Name and Address of Currer	t Registered Agent				10.	Name and Address	of New Rec	jistered	Agent	
40.11	140 5445 4			81	Name						
	MS, DAVID A.			82	Street A	Ac dress (P.	O. Box Number is No	Acceptable	e)		
	S.E. 12TH TERR.										
	IESVILLE, FLA			83	1						
3260	11			84	City			<del></del>		85 Zip	Code
							<del></del>		FL		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was	s authorized	i by	the corpo	corporation oration's boa	submits this statemer ard of cirectors. I here	nt for the pure by accept t	rpose of he appoi	changing its intment as re	s registered egistered
agent. a	m familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Stat	utes.	•						
SIGNATURE		T - days d - safe - Cl - May	OTI - Docintore	LAnn	t alamatura re	required when rai	inetalma)		DATE		\
12.	Signature, typed or printed naine of registered age	IL: DIRECTORS	13.	Agen	it signature re		ADDITIC NS/CHANGES	TO OFFIC		D DIRECTO	OFS IN 12
TITLE	VD STETICE ALL	☐ DELETE	1.1 T	TLE	· <del>-</del> T	Γ				Change	Addition
NAME	ADAMS, JUDITH		1.2 N	AME	)						
STREET ADDRESS	2309 S.E. 12TH TERR.				ADDRESS						
CITY-ST-ZIP	GAINESVILLE FL			ITY-S1		ļ					
TITLE	PTD	DELETE	2.1 TI		, - <u>Z</u> II					Change	Addition
NAME	ADAMS, DAVID A.	_	2.2 N								
STREET ADDRESS	l				ADDRESS	1					Ì
CITY-ST-ZIP	GAINESVILLE FL		A		T-ZIP						
TITLE	SD	☐ DELETE	3.1 TI			t				Change	Addition
NAME	ADAMS, JEFFREY A		3.2 N	AME							1
STREET ADDRESS:	4603 POINSETTIA AVE				ADDRESS ;						
CITY-ST-ZIP	TAMPA FL				ST-ZIP						
TITLE	17 W/H / 1 7 E	☐ DELETE	4.1 Ti							Change	Addition
NAME			4 2 N	AME		l					
STREET ADORESS			4.3 S	TREET	TADDRESS						
CITY-ST-ZIP				ITY-\$1							
TITLE		☐ DELETE	51TI			<del>                                     </del>				☐ Change	☐ Addition
NAME			5.2 N	AME							
STREET ADDRESS			53S	REET	T ADDRESS						
CITY-ST-ZIP			5.4 C	TY-S	T-ZIP	]					
TITLE	·	☐ DELETE	6.1 Ti	TLE			· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME			6.2 N	AME	l	(					Į.
STREET ADDRES 3			6.3 S	TREET	T ADDRESS						
CITY-ST-ZIP			6.4 C	ITY-\$1	T-ZIP	1					

14. Thereby 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 uncer 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vau Ja. Cilams David A. Adams SIGNATURE AND TYPED OR PISINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 26, 1999 352-313-3726

R2F034 (11/98)