

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **687956** (3)

1. Corporation Name  
**ACCENTO PLASTICS, INC.**



Principal Place of Business: **177 ANCLOTE RD. TARPON SPRINGS FL 34689**  
Mailing Address: **177 ANCLOTE RD. TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified: **09/17/1980**  
3a. Date of Last Report: **06/26/1995**  
4. FEI Number: **59-2107201**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$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:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 P.O. Box 1517**  
Suite, Apt. #, etc.: **27**  
City & State: **28 Tarpon Springs FL**  
Zip: **24 34688** Country: **25 U.S.A.**

9. Name and Address of Current Registered Agent: **81 COTTON, LARRY J. 177 ANCLOTE RD. TARPON SPRINGS FL 34689**  
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>COTTON, LARRY J.</b>		1.2 NAME: <b>Cotton, Thad H.</b>	
STREET ADDRESS: <b>177 ANCLOTE RD.</b>		1.3 STREET ADDRESS: <b>177 Anclote Rd</b>	
CITY-ST-ZIP: <b>TARPON SPRINGS FL</b>		1.4 CITY-ST-ZIP: <b>Tarpon Springs, FL 34689</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>COTTON, LARRY J.</b>		2.2 NAME: <b>Anna Beth Cotton</b>	
STREET ADDRESS: <b>177 ANCLOTE RD.</b>		2.3 STREET ADDRESS: <b>177 Anclote Rd</b>	
CITY-ST-ZIP: <b>TARPON SPRINGS FL</b>		2.4 CITY-ST-ZIP: <b>Tarpon Springs, FL 34689</b>	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		3.2 NAME: <b>Joanna Taylor</b>	
STREET ADDRESS:		3.3 STREET ADDRESS: <b>177 Anclote Rd</b>	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP: <b>Tarpon Springs, FL 34689</b>	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <b>v</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: <b>Candace Glewen</b>	
STREET ADDRESS:		4.3 STREET ADDRESS: <b>177 Anclote Rd</b>	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: <b>Tarpon Springs FL 34689</b>	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **5-31-96** **813 938-2464**

CR2E034 (12/95)