FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 10 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **810633** **(8)**

1. Corporation Name
POLYPLASTEX UNITED, INC.

Principal Place of Business	Mailing Address
6200 49TH STREET NORTH PINELLAS PARK FL 34665	6200 49TH STREET NORTH PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/17/1955**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 3471-131st Avenue North	26 3471-131st Avenue North
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater, FL	28 City & State: Clearwater, FL
24 Zip: 34622 25 Country: Pinellas	29 Zip: 34622 30 Country: Pinellas

4. FEI Number: **22-1589361** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PESKIN, DENNIS 222 DOGWOOD TRACE TARPON SPRINGS FL 34689	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	PESKIN, DENNIS	12 NAME		
STREET ADDRESS	222 DOGWOOD TRACE	13 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	14 CITY-ST-ZIP		
TITLE	VTSD	21 TITLE	TSD	☒ Change ☐ Addition
NAME	RICE, KATHERINE	22 NAME		
STREET ADDRESS	2216 BARBARA DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	VD	☐ Change ☒ Addition
NAME		32 NAME	Fanelli, Steve	
STREET ADDRESS		33 STREET ADDRESS	3410 Ridge Rd.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Waters, Jack	
STREET ADDRESS		43 STREET ADDRESS	9504 Southern Belle Dr.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Patterson Calvin	
STREET ADDRESS		53 STREET ADDRESS	2119 Zuni Ave.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Chico, CA 95926	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 addition.

SIGNATURE: Katherine A. Rice Katherine A. Rice 2/3/95 813-573-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344337 CP