2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State
05-05-2004 90230 027 ***150.00

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1. Entity Name
AUSTIN URETHANE, INC.

66425836

[redacted]

Principal Place of Business	Mailing Address
122 CRISP DR. AMERICUS, GA 31709	122 CRISP DR. AMERICUS, GA 31709

02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1269426
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BOB
01508 LK ELLA RD.
FRUITLAND PARK, FL 32731

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AUSTIN, W. HAROLD
STREET ADDRESS	1710 ARMORY DRIVE
CITY-ST-ZIP	AMERICUS, GA
TITLE	VD
NAME	AUSTIN, GREG A.
STREET ADDRESS	2604 S LEE STREET
CITY-ST-ZIP	AMERICUS, GA
TITLE	SD
NAME	AUSTIN, STEPHEN H.
STREET ADDRESS	RT 2 BOX 72B
CITY-ST-ZIP	ELLAVILLE, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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