SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000001500 (7)**

1. Corporation Name

SYNTHETIC INDUSTRIES, INC.

Principal Place of Business	Mailing Address
309 LAFAYETTE RD. **CHICKAMAUGA GA 30707**	**309 LAFAYETTE RD.** **CHICKAMAUGA GA 30707**

3. Date Incorporated or Qualified: **03/24/1994**
3a. Date of Last Report: **06/23/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **58-1049400** ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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. 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 required only when name of registered agent is being changed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSTD	☒ DELETE	1.1 TITLE	CFO	☐ Change ☒ Addition
NAME	BECKMAN, JON P		1.2 NAME	Joseph Sinicropi	
STREET ADDRESS	309 LAFAYETTE RD.		1.3 STREET ADDRESS	309 LaFayette Rd	
CITY-ST-ZIP	CHICKAMAUGA GA 30707		1.4 CITY-ST-ZIP	Chickamauga, GA 30707	
TITLE	PV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BREYLEY, ROBERT J		2.2 NAME		
STREET ADDRESS	309 LAFAYETTE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICKAMAUGA GA 30707		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHILL, LEONARD		3.2 NAME		
STREET ADDRESS	309 LAFAYETTE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICKAMAUGA GA 30707		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FREED, WAYNE		4.2 NAME		
STREET ADDRESS	309 LAFAYETTE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICKAMAUGA GA 30707		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, BOBBY		5.2 NAME		
STREET ADDRESS	309 LAFAYETTE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICKAMAUGA GA 30707		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobby Callahan 6-28-96 706-375-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bobby Callahan

0189930 FN