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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

309 LAFAYETTE RD.
CHICKAMAUGA GA 30707

Mailing Address

309 LAFAYETTE RD.
CHICKAMAUGA GA 30707-1710



3. Date Incorporated or Qualified 03/24/1994	3a. Date of Last Report 07/03/1996
4. FEI Number 58-1049400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINICROPI, JOSEPH	1.2 NAME	
STREET ADDRESS	309 LAFAYETTE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICKAMAUGA GA	1.4 CITY-ST-ZIP	
TITLE	PV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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		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 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 address.

SIGNATURE: Bobby Callahan Bobby Callahan 1/29/97 706-375-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)