FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9700001068 (2) DOCUMENT # 1. Corporation Name

PINCKNEY MOLDED PLASTICS, INC.

Principal Place of Business	Mailing Address
3970 PARSONS RD	3970 PARSONS RD
HOWELL MI 48843	HOWELL MI 48843

FILED May 06 1998 8:00am Secretary of State



3970 PARSONS RD HOWELL MI 48843				3970 PARSONS RD HOWELL MI 48843					DO NOT WRITE	IN THIS S	SPACE		
								3.	Date Incorporated or Qualified 02/28/1997				
2. Principal Place of Business			2a. Ma	2a. Mailing Address				4. FEI Number				Applied For	
21			26						<u>38-1621191</u>		1	Not Applicable	
Suite, Ap			Sui 27]	te, Apt.#, etc.				5.	Certificate of Status Desired			Additional Required	
City & State			City 28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	2	Country 5	Z _{(P}	├─┐				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ※ ※ No					
		nd Address of Curr		d Agent	1991		1		Name and Address of New Re			61 , 1-9	
C	T CORPORA	TION SYSTEM			81	Nar	ne				-		
1200 \$O UTH PINE ISLAND ROAD PLANTATION FL 33324					82	Stre	et Address	ddress (P.O. Box Number is Not Acceptable)					
r	CANTAITON	L 33324			83								
					84	City				FL	85 Zip	Code	
11. Pursuar office or agent. I SIGNATURE	r regisiered age Lam fa miliar with	ns of Sections 607 0: ut or both, in the Sta i, and accept the obt	502 and 607.1 In of Florida S igations of, Sei	508, Florida State luch change was ction 607.05 0 5, F	ules, the abov authorized b londa Statute	l e-nam / the d s.	ed corpora corporation	ition 's bo	submits this statement for the poard of directors. I hereby accept	or see of	L L Changing changing pintment a	its registered is registered	
		profed name of regularied a			DIE: Registered Ag	ar signa	u beraper enul	hen r	e-nstating)	DATE			
12,		OFFICERS A	NO DIRECTOR		13.			Al	DDITIONS/CHANGES TO OFFIC				
TITLE	DC	71 41 m		TT DETELE	1 1 TRLE		İ				☐ Change	Addition	
NAME	BLATT, LI				12 NAME								
STREET ADDRESS	HOWELL	RSONS RD			1.3 STREET		SS						
CITY-ST-ZIP TITLE	DC	MI 10010		DELETE	1.4 C/TY-5 2.1 TITLE	1 - 7IP					Change	Addition	
NAME	BLATT, JO	OHN A		LJ berre	2.2 NAME						Change	ADDITION	
STREET ADDRESS		ISONS RD			2.3 STREET	ADODE	ec .						
CITY-ST-ZIP	HOWELL				2.4 C(TY -								
TITLE	DP			DELETE	3.1 TITLE	21.211	bP				Change	Addition	
NAME	MOORE,	DAVID G			3.2 NAME			1/4	. Roder K	•			
STREET ADDRESS	s 3970 Pa r	ISONS RD			3.3 STREET	ADDRES	S 3970	Ž	, DONALD PARSONS RD				
CITY-ST-ZIP	HOWELL	MI 48843			3.4. CHY-	ST - 7IP	How	EL	L MI 48843				
TITLE	DV			DELETE	4.1 TITLE						Change	Addition	
NAME	THEYS, R				4. 2 NAME		İ						
STREET ADORESS		SONS RD			4 3 STREET	ADDRES	s						
CITY-ST-ZIP	HOWELL	MI 48843			4.4 CITY - S	T- ZIP							
TITLE	DST			⊠ DELETE	5.1 TITLE						Change	Addition	
NAME		I, CLIFFORD W			5.2 NAME						7	5	
STREET ADDRESS		ISONS RD			5.3 STREET	ADDRES	is					€ I.	
CITY-ST-ZIP	HOWELL	MI 48843			5.4 CITY - S	T- 71P						عربر	
TITLE	DST	OUAEL I		DELETE	6.1 TITLE				400000251		Change	Addition	
NAME	BIBER, MI				6.2 NAME				40000251 -05/11/98010;	ر البية البية 1 (أربيب 2	L~7 Q		
STREET ADDRESS	S 39/U PAH	SONS RD			6.3 STREET	ADDRES	S		***150 00 ***150 00				

14. Thereby cortify 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 supplicit child 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 of the occiver 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 you agrafulchment with an address.