


FILED  
Jan 23 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>DOCUMENT # H00307</b></span> <span><b>(9)</b></span> </div>		
<b>1. Corporation Name</b> <b>TROTTER PLASTICS, INC.</b>		
<b>Principal Place of Business</b> 1724 BARBER ROAD SARASOTA FL 34240		<b>Mailing Address</b> 1724 BARBER ROAD SARASOTA FL 34240
<b>2. Principal Place of Business</b> <div style="border: 1px solid black; padding: 2px;"><b>21</b></div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;"><b>22</b></div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"><b>23</b></div> Zip           <div style="border: 1px solid black; padding: 2px;"><b>25</b></div> Country         </div>	<b>2a. Mailing Address</b> <div style="border: 1px solid black; padding: 2px;"><b>26</b></div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;"><b>27</b></div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"><b>28</b></div> Zip           <div style="border: 1px solid black; padding: 2px;"><b>30</b></div> Country         </div>	
<b>9. Name and Address of Current Registered Agent</b>		
<b>KIWCZAK, JOHN C.</b> <b>1724 BARBER ROAD</b> <b>SARASOTA FL 34240</b>		<div style="border: 1px solid black; padding: 2px;"><b>81</b></div> Name <div style="border: 1px solid black; padding: 2px;"><b>82</b></div> Street Address <div style="border: 1px solid black; padding: 2px;"><b>83</b></div> <div style="border: 1px solid black; padding: 2px;"><b>84</b></div> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>		
<b>OFFICERS AND DIRECTORS</b>		
<div style="border: 1px solid black; padding: 2px;"><b>12.</b></div>	<div style="border: 1px solid black; padding: 2px;"><b>13.</b></div>	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/></div> DELETE  <b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/></div> DELETE  <b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/></div> DELETE  <b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/></div> DELETE  <b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/></div> DELETE  <b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/></div> DELETE  <b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/24/1984</b>	
4. FEI Number <b>59-2400977</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**  
KIWCZAK, JOHN C.  
1724 BARBER ROAD  
SARASOTA FL 34240

<b>B1</b>	Name		
<b>B2</b>	Street Address (P.O. Box Number is Not Acceptable)		
<b>B3</b>			
<b>B4</b>	City	<b>FL</b>	<b>B5</b> Zip Code

11. Pursuant to the provisions of Sections 60.0502 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** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: John C. Kimczak 11/13/97 941-277-5354

CR2E034 (10/97)