FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H32016 (8)

1. Corporation Name
DOUBLE "R" SPECIALTY MOLDING CO., INC.

Principal Place of Business
6060 JET PORT IND BLVD (33634)
P.O. BOX 21486
TAMPA FL 33622-8486

Mailing Address
6060 JET PORT IND BLVD (33634)
P.O. BOX 21486
TAMPA FL 33622-1486
US

2. Principal Place of Business
21 6017 JET PORT IND. BLVD.
Suite, Apt. #, etc.
22
City & State
23 TAMPA, FL
Zip 24 33634 Country 25 HILLSBOROUGH

2a. Mailing Address
26 P.O. BOX# 21486
Suite, Apt. #, etc.
27
City & State
28 TAMPA, FL
Zip 29 33622 Country 30 HILLSBOROUGH

3. Date Incorporated or Qualified: 11/29/1984
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-2579369 ☐ 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
HARPLEY, R. JAY
1602 WEST SLIGH AVE
SUITE #100
TAMPA FL 33604

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 ______

12. OFFICERS AND DIRECTORS

Field	Officer
TITLE	TD ☐ DELETE
NAME	LEVENSON, RENA L.
STREET ADDRESS	6060 JET PORT IND BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	PSD ☐ DELETE
NAME	LEVENSON, WARREN K.
STREET ADDRESS	6060 JET PORT IND BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	V ☐ DELETE
NAME	LEVENSON, ERIC DAVID
STREET ADDRESS	6060 JET PORT IND BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	D ☐ DELETE
NAME	LIBMAN, HARRY
STREET ADDRESS	6060 JET PORT IND. BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	6017 JET PORT IND. BLVD.
1.4 CITY-ST-ZIP	TAMPA, FL 33634
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	6017 JET PORT IND. BLVD
2.4 CITY-ST-ZIP	TAMPA, FL 33634
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	6017 JET PORT IND BLVD
3.4 CITY-ST-ZIP	TAMPA, FL 33634
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	6017 JET PORT IND BLVD
4.4 CITY-ST-ZIP	TAMPA, FL 33634
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: [signature] WARREN K. LEVENSON 2/01/96 (813) 884-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)