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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 14 AM 9:41

DOCUMENT # **H55124** **(2)**

1. Corporation Name

POLYMATICS PLASTIC PROCESSING, INC.

Principal Place of Business	Mailing Address
% ELENA HOEL 3100 MORRIS ST. N. ST. PETERSBURG FL 33713-2937 US	% ELENA HOEL 3100 MORRIS ST. N. ST. PETERSBURG FL 33713-9937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1985
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 ELENA HOEL
Suite, Apt. #, etc. 22 12650 AUTOMOBILE BLVD
City & State 23 CLEARWATER, FL
Zip 24 34622 Country 25 U.S.

2a. Mailing Address
26 ELENA HOEL
Suite, Apt. #, etc. 27 12650 AUTOMOBILE BLVD.
City & State 28 CLEARWATER, FL
Zip 29 34622 Country 30 U.S.

4. FEI Number: 59-2542109 ☐ 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

HOEL, ELENA
3100 MORRIS ST. NO.
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: HOEL, ELENA
82 Street Address (P.O. Box Number is Not Acceptable)
83 12650 AUTOMOBILE BLVD
84 City: CLEARWATER FL 85 Zip Code: 34622

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: Elena Hoel V.P. DATE: 4/7/95
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☑ Change ☐ Addition
NAME	HOEL, ROBERT H.	12 NAME		
STREET ADDRESS	5401 40TH AVE., NO.	13 STREET ADDRESS	12650 AUTOMOBILE BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	CLEARWATER, FL, 34622-4717	
TITLE	STD	21 TITLE		☑ Change ☐ Addition
NAME	HOEL, ELENA	22 NAME		
STREET ADDRESS	5401 40TH AVE., NO.	23 STREET ADDRESS	12650 AUTOMOBILE BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	CLEARWATER, FL 34622-4717	
TITLE	VD	31 TITLE		☑ Change ☐ Addition
NAME	HOEL, ELENA	32 NAME		
STREET ADDRESS	5401 40TH AVE., NO.	33 STREET ADDRESS	12650 AUTOMOBILE BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	CLEARWATER, FL 34622-4717	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Elena Hoel ELENA HOEL V.P. 4/7/95 (813) 572-7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0910000 CP