

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 # J21135 (5)

1. Corporation Name

AZTEC PLASTICS, INC.



Principal Place of Business

Mailing Address

% JOSEPH W. HANCOCK  
POST OFFICE BOX 1555 HIGHWAY 41 NORTH  
LAKE CITY FL 32056-1555

% JOSEPH W. HANCOCK  
POST OFFICE BOX 1555 HIGHWAY 41 NORTH  
LAKE CITY FL 32056-1555

C/O Frank Marshburn

C/O Frank Marshburn

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANCOCK, JOSEPH W.  
POST OFFICE BOX 1555  
HIGHWAY 41 NORTH METAL MASTERS OF FLORIDA  
LAKE CITY FL 32056-1555

81 Name Frank Marshburn

82 Street Address (P.O. Box Number is Not Acceptable)  
US Hwy 41 North

83

84 City

Lake City

FL

85

Zip Code 32056

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HANCOCK, JOSEPH W.  
STREET ADDRESS U.S. HWY 41 NORTH  
CITY-ST-ZIP LAKE CITY FL  
☒ DELETE

TITLE VD  
NAME BEST, RAYMOND D.  
STREET ADDRESS U.S. HWY 41 NORTH  
CITY-ST-ZIP LAKE CITY FL  
☒ DELETE

TITLE STD  
NAME MARSHBURN, FRANK W.  
STREET ADDRESS U.S. HWY 41 NORTH  
CITY-ST-ZIP LAKE CITY FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE V STD  
3.2 NAME Marshburn, Frank M.  
3.3 STREET ADDRESS US Hwy 41 North  
3.4 CITY-ST-ZIP Lake City, FL.  
☒ Change ☐ Addition

4.1 TITLE P  
4.2 NAME Roberts, Gaylon B.  
4.3 STREET ADDRESS US Hwy 41 North  
4.4 CITY-ST-ZIP Lake City, FL.  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director

Frank Marshburn

4/24/96

Date

(904) 755-3282

Daytime Phone #

CR2E034 (12/95)