2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J21135** Apr 14, 2000 8:00 am Secretary of State AZTEC PLASTICS, INC. 04-14-2000 90106 014 ***150.00 Mailing Address Principal Place of Business % Joseph W. Hancock % FRANK MARSHBURN POST OFFICE BOX 1595 HIGHWAY 41 NORTH POST OFFICE BOX 1555 HIGHWAY 41 NORTH LAKE CITY FL 32056-1555 LAKE CITY FL 32056-1555 2. Principal Place of Business 3. Mailing Address % Frank Marshburn P.O. Box 3576 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2805916 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name % Frank Marshburn Street Address (P.O. Box Number is Not Acceptable) U.S. HWY 41 NORTH HIGHWAY 41 NORTH METAL MASTERS OF FLORIDA LAKE CITY FL 32056-1555 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and litle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition STD □ Delete TITLE NAME NAME MARSHBURN, FRANK M. STREET ADDRESS STREET ADDRESS U.S. HWY 41 NORTH CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL Addition Change PD □ Delete TITLE NAME ROBERTS, GAYLON B. NAME STREET ADDRESS U.S. HWY 41 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL Change Addition TITLE VD TITLE □ Delete NAME BAXTER, ROBERT E. NAME STREET ADDRESS US HWY 41 NORTH STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LAKE CITY FL ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if change or on an attachment with an address, with all other like empowered.

∕√Fränk⊍Marshburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

905-755-3282