

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90004 047 ***550.00

DOCUMENT # **J52230** ✓
orporation Name

OFT PLASTICS SOUTHEAST, INC.

ipal Place of Business

Mailing Address

**POWERS AVENUE
SONVILLE FL 32207**

**5329 POWERS AVENUE
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

26

uite, Apt. #, etc.

Suite, Apt. #, etc.

27

ity & State

City & State

28

p

Country

Zip

Country

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29

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3. Date Incorporated or Qualified

01/05/1987

4. FEI Number

59-2753152

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWE AND ROWE P.A.
9471 BAYMEADOWS ROAD
SUITE 203
JACKSONVILLE FL 32256**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	DP SMITH, H. WAYNE JR. 5329 POWERS AVENUE JACKSONVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ADDRESS	DV SMITH, MARK W. 5329 POWERS AVENUE JACKSONVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 REQUIRED

VICE PRESIDENT 7/29/99 (904) 733-9676

CR2E034 (5/99)