SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:36

DOCUMENT # K69461 (7)

1. Corporation Name
NSA POLYMERS, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]
1000 SAND POND ROAD	1000 SAND POND ROAD
LAKE MARY FL 32746	LAKE MARY FL 32746
US	US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1989	3a. Date of Last Report: 06/13/1994
4. FEI Number: 62-1387101	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 C/O CHARLES EVANS	26 C/O CHARLES EVANS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1000 SAND POND ROAD	27 1000 SAND POND ROAD
City & State	City & State
23 LAKE MARY FL	28 LAKE MARY FL
Zip / Country	Zip / Country
24 32746 / 25 US	29 32746 / 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
[redacted]	81 Name: C T CORPORATION SYSTEM
	82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
	83
	84 City: PLANTATION FL 85 Zip Code: 33324

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
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	D	11 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JAY	12 NAME		
STREET ADDRESS	4260 E. RAINES RD.	13 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SWORDS, L. F.	22 NAME		
STREET ADDRESS	4260 E. RAINES RD.	23 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	POTEET, GEORGE	32 NAME		
STREET ADDRESS	4260 E. RAINES RD.	33 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☒ Change ☐ Addition
NAME	BAILEY, J. RUSHTON	42 NAME		
STREET ADDRESS	1000 SAND POND RD	43 STREET ADDRESS	NO LONGER AN OFFICER	
CITY-ST-ZIP	LAKE MARY FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	EVANS, CHARLES R.	52 NAME		
STREET ADDRESS	1000 SAND POND ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E024 (3/95)

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 is on an attachment with an address.

SIGNATURE: [signature] 7-12-95 901-366-9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010018 CR