CR2E034 (11/98)

√FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **.57863**

1999 2000

1. Corporation Name

SUNCOAST WORLD PLASTICS, INC.

Mailing Address Principal Place of Business C/O DOLIGIAS E RROWN

FILEU SECRETARY OF STATE

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1137 OAKHILL SEFFNER FL 33584	1137 OAKHILL SEFFNER FL 33584		DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified 03/12/1990	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3002435	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip (Country	This corporation owes the current year Personal Property Tax.	Intangible □ Yes ⊠ No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registere	ed Agent
BROWN, DOUGLAS E 1137 OAKHILL		81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SEFFNER FL 33584		83		
•		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the olders.	tate of Florida. Such change was authori	zed by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its registered pointment as registered

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12 DELETE TITLE 1.1 TITLE BROWN, DOUGLAS E 12 NAME NAME 1137 OAKHILL 1.3 STREET ADDRESS 1137 STREET ADDRESS 33584 SEFFNER SEFFNER FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 21 TITI F TITLE ARVAL, ROBERT M 2.2 NAME NAME 517 CREST GROVE AVE. 23 STREET ADORESS ****150.00 ****150.00 Vandalia oh 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition | DELETE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 7TTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Addition □ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing 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

SIGNATURE: