

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **M76966**

(4)

1. Corporation Name
POLYCYCLE INC.

Principal Place of Business

**1300 MEYLERT AVE.
2965 SHAMROCK NORTH. UNIT 19
SCRANTON PA 18509
US**

Mailing Address

**P.O. BOX 2021
2965 SHAMROCK NORTH. UNIT 19
SCRANTON PA 18501
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1988

4. FEI Number

23-2526192

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 or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 1300 Mylet Ave
Suite, Apt. #, etc.

22 City & State

23 Scranton PA

24 18509 **25 USA**

2a. Mailing Address

26 PO Box 2021
Suite, Apt. #, etc.

27 City & State

28 Scranton PA

29 18501 **30 USA**

9. Name and Address of Current Registered Agent

**HAWKINS, JOHN T
124 SIXTH STREET SOUTH
UNIT 19
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LYNCH, MICHAEL T.**
STREET ADDRESS **1300 MEYLERT AVE.**
CITY-ST-ZIP **SCRANTON PA**

TITLE **TS** ☐ DELETE

NAME **GAVIGAN, JAMES M**
STREET ADDRESS **1300 MEYLERT AVE**
CITY-ST-ZIP **SCRANTON PA 18509**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002598959

-07/27/98--01004--046

*****150.00**

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

SIGNATURE: **Sandra B. Mortham**

7/7/98

FILED
Jul 24 1998 8:00am
Secretary of State



CR2E034 (5/98)

POLYCYCLE INC. / SANTANA PRODUCTS INC.
PO Box 2021
Scranton PA 18501

7/2

July 7, 1998

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

RE: 1998 Profit Corp. Annual Report for Polycycle Inc. (M76966)

Dear Sir or Madam:

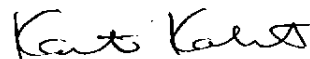
Please accept the enclosed \$150.00 payment as payment in full for the 1998 Annual Report filing fee, as we had not received the initial notice, due to the wrong mailing address appearing on the packet (copy enclosed).

Last year we filed in a timely manner, requested a change of mailing address on the 1997 Annual Report (copy enclosed) and had not received this year's report.

We have submitted all related information and this letter to document our situation, and have enclosed the \$150.00 filing fee, as instructed by a member of the reinstatement section of your Department.

Please ensure that the mailing address is corrected for any future communication. I appreciate your cooperation.

Sincerely,



Keith Kohut
Accountant