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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90080 043 ***150.00

05102/13

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # M78425

1. Corporation Name
REINFORCED PLASTIC INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
400 MAGUIRE RD
OCOEE FL 34761-3034
US

Mailing Address
400 MAGUIRE RD
OCOEE FL 34761-3034
US

3. Date Incorporated or Qualified
04/28/1988

4. FEI Number
59-2897467

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 Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MAGEE, JAMES M.
SUITE 102
90 E. LIVINGSTON STREET
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DP CROFOOT, KROY E.**

STREET ADDRESS **3100 JOHN YOUNG PKWY.**

CITY-ST-ZIP **ORLANDO FL**

TITLE DELETE

NAME **V THOMPSON, ERIC E.**

STREET ADDRESS **6307-NIGHTWIND CIRCLE**

CITY-ST-ZIP **ORLANDO FL**

TITLE DELETE

NAME **V MAGNUSON, JAMES**

STREET ADDRESS **9884 LAUREL VALLEY DR**

CITY-ST-ZIP **WINDERMERE FL**

TITLE DELETE

NAME **T DANIELS, MARK**

STREET ADDRESS **6509 STONINGTON DR. SO.**

CITY-ST-ZIP **TAMPA FL**

TITLE DELETE

NAME **S CROFOOT, FRANCIS**

STREET ADDRESS **3100 JOHN YOUNG PKWY.**

CITY-ST-ZIP **ORLANDO FL**

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

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, with all other like empowered.

SIGNATURE: _____ **4-14-99** **407877-6646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)