


2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997, If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 OCT -1 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M96000000144
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POLYMER TECHNOLOGIES OF TENNESSEE, LLC
1255 INDUSTRIAL DRIVE
HUNTINGDON TN 38344

an-AR
CM

1a. Principal Place of Business Address

1255 INDUSTRIAL DRIVE
HUNTINGDON TN 38344

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	835 Industrial Dr	04/23/1996	TN
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	62-1624562	5. Date of Last Report
			6. Certificate of Status Desired \$0.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
NOLAN, DAWN M 4135 S.W. US 17 ARCADIA FL 33821	Name Street Address (P.O. Box Number is Not Acceptable) 12946 SW DAVID DR Suite, Apt. #, etc. City Arcadia Zip Code FL 34266

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	NOLAN, DAWN M	4135 S.W. US 17 12946 SW David Dr	ARCADIA FL Arcadia FL
MGR	NOLAN, JOANNA	4135 S.W. US 17 12946 SW David Dr	ARCADIA FL Arcadia FL

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11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: <u>Joanna Nolan</u>	DATE: <u>9-26-97</u>
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