FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003161

1. Corporation Name				
FLORIDA PLASTICS INDUSTR	RY COUNCIL, INC.			
Principal Place of Business	Mailing Address			
2307 NORTH 36TH ST TAMPA FL 33605	FPIC INC. 310 WEST COLLEGE AVÉ. TALLAHASSEE FL 32301			
Principal Place of Business The Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

3. Date Incorporated or Qualifed

06/02/1997

FILED
May 10, 1999 8:00 am §
Secretary of State

05-10-1999 90007 050 ****61.25

FEI Number Applied For 59-3515045 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 23 28 Country Country Zip 6. Election Campaign Financing \$5.00 May Be Zio 30 Added to Fees Trust Fund Contribution 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MCCORMACK, FRED ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 310 WEST COLLEGE AVENUE 83 TALLAHASSEE FL 32301 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	BLYTH, PETER	1.2 NAME			
STREET ADDRESS	2307 N. 37TH STREET	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33605	1.4 CITY-ST-ZIP			
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	TUTTLE, CRUGAR	2.2 NAME			
STREET ADDRESS	2200 S.W. 71ST TERRACE	2.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33317	2.4 CITY-ST-ZIP			
TITLE	D DELETE	3.1 TITLE	Change Addition		
NAME	UNDERWOOD, RUDY	3.2 NAME			
STREET ADDRESS	2727 PACES FERRY ROAD	3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339	3.4, CITY-ST-ZIP			
TITLE	C DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TIFLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TTTLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.