

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P05109 (4)

1. Corporation Name

SOUTHERN FILM EXTRUDERS, INC.



Principal Place of Business

Mailing Address

2327 ENGLISH ROAD
PO BOX 2104
HIGH POINT NC 27261

2327 ENGLISH ROAD
PO BOX 2104
HIGH POINT NC 27261

3. Date Incorporated or Qualified
02/25/1985

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 1829 Eastchester Drive

26 P.O. Box 2104

4. FEI Number
56-0852383

Applied For
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 City & State
High Point NC 27265

28 City & State
High Point, NC 27261

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
27265

25 Country
USA

29 Zip
27261

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 type: Corporation or registered agent (if applicable)

(NOTE: Registered Agent's signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MARTINEZ, JOSEPH
STREET ADDRESS 2327 ENGLISH RD.
CITY-STATE-ZIP HIGH POINT NC

TITLE VS ☐ DELETE
NAME BARNES, JOHN L. JR.
STREET ADDRESS 2327 ENGLISH RD. P.O. BOX 5104
CITY-STATE-ZIP HIGH POINT NC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

1829 Eastchester Drive
High Point, NC 27265

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

1829 Eastchester Drive
High Point, NC 27265

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

John L. Barnes, Jr.

6/10/96

910-885-8091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)