

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P08149** (7)  
1. Corporation Name  
**BYCO PLASTICS INCORPORATED**



Principal Place of Business <b>MCENTIRE LANE AND TRINITY ROAD P.O. DRAWER 729 DECATUR AL 35602-7729</b>	Mailing Address <b>MCENTIRE LANE AND TRINITY ROAD P.O. DRAWER 729 DECATUR AL 35602-0729</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/20/1985</b>	3a. Date of Last Report <b>04/02/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>63-0435475</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SHEALY, WILLIAM T. 118 SEVENTH AVE. WHISPERING OAKS SHALIMAR FL 32570</b>				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City				<b>FL</b>	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHAN, C.R.			NAME	VAUGHAN, EVELYN		
STREET ADDRESS	838 SHERMAN ST., S.E.			STREET ADDRESS	838 SHERMAN ST., SE		
CITY-ST-ZIP	DECATUR AL			CITY-ST-ZIP	DECATUR, AL 35601		
TITLE	V	<input type="checkbox"/> DELETE		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAPSCOTT, R.E.			NAME	VAUGHAN, S. BENTLEY		
STREET ADDRESS	ROUTE 3 BOX 130			STREET ADDRESS	838 SHERMAN ST., SE		
CITY-ST-ZIP	HARTSELLE AL			CITY-ST-ZIP	DECATUR, AL 35601		
TITLE	ST	<input type="checkbox"/> DELETE		TITLE	ST/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHAN, EVELYN			NAME	TAPSCOTT, R.E.		
STREET ADDRESS	838 SHERMAN ST., S.E.			STREET ADDRESS	33 GIBSON ROAD		
CITY-ST-ZIP	DECATUR AL			CITY-ST-ZIP	HARTSELLE, AL 35640		
TITLE	D	<input type="checkbox"/> DELETE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHAN, CLIFFORD R., JR			NAME			
STREET ADDRESS	1037 CASSIA WAY			STREET ADDRESS			
CITY-ST-ZIP	SUNNYVALE CA			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

14. 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 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: *R.E. Tapscott* R.E. TAPSCOTT, ST 04/10/97 205-355-2544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)