

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **P17043** (1)
1. Corporation Name
W. KINTZ PLASTICS, INC.

Principal Place of Business Mailing Address
1 CAVERNS ROAD HOWES CAVE NY 12092 **1 CAVERNS ROAD HOWES CAVE NY 12092**

2. Principal Place of Business 26. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**BRENNAN, JOHN M.
111 NORTH ORANGE AVENUE, S-900
ORLANDO FL 32801**

APPROVED AND FILED
95 MAY - 1 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/22/1987 **06/08/1994**

4. FEI Number Applied For
14-1585116 Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINTZ, EDWIN H.	12. NAME	
STREET ADDRESS	1150 RUFFNER ROAD	13. STREET ADDRESS	
CITY, ST, ZIP	SCHENECTADY NY	14. CITY, ST, ZIP	
TITLE	VSD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINTZ, JANE U.	21. NAME	
STREET ADDRESS	1150 RUFFNER ROAD	22. STREET ADDRESS	
CITY, ST, ZIP	SCHENECTADY NY	23. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		31. NAME	
STREET ADDRESS		32. STREET ADDRESS	
CITY, ST, ZIP		33. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41. NAME	
STREET ADDRESS		42. STREET ADDRESS	
CITY, ST, ZIP		43. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		51. NAME	
STREET ADDRESS		52. STREET ADDRESS	
CITY, ST, ZIP		53. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		61. NAME	
STREET ADDRESS		62. STREET ADDRESS	
CITY, ST, ZIP		63. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and clearly and verifiably for the exceptions stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the secretary or treasurer appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in a supplemental report with an address.

SIGNATURE: WYNN KINTZ
3-8-95 518-296-8513