

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

FORM
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P25206** (4)

1. Corporation Name

RIVER CITY PLASTICS, INC.



Principal Place of Business

Mailing Address

**7167 OLD KINGS RD. NORTH
JACKSONVILLE FL 32219**

**7167 OLD KINGS RD. NORTH
JACKSONVILLE FL 32219**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/17/1989

3a. Date of Last Report

04/25/1995

4. FEI Number

22-2981002

Applied For

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. 193.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

[Signature]

8/8/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

**VD
BRADY, DANIEL W.
2845 PARKWOOD LANE
AURORA IL**

12. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY-STATE-ZIP

14. CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE

☒ Change

☐ Addition

NAME

**SD
LINEBERGER, JAMES E., JR
THREE PICKWICK PLAZA
GREENWICH CT**

22. NAME

**LINEBERGER, JAMES E., JR.
1120 BOSTON POST ROAD
DARIEN, CT 06820**

STREET ADDRESS

23. STREET ADDRESS

CITY-STATE-ZIP

24. CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

**AS
MANDELL, EDWARD R.
1211 AVE. OF THE AMERICAS
NEW YORK NY 10036-8705**

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY-STATE-ZIP

34. CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE

52. NAME

200001799382

-04/29/96--01090--001

*****208.75**

☐ Change

☐ Addition

STREET ADDRESS

53. STREET ADDRESS

CITY-STATE-ZIP

54. CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

4.28

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; that the receiver of this report is duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the corporation is an attached and owned corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. MANDELL

DATE

DAYTIME PHONE #

CR2E034 (12/95)