**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032547 (0)**

1. Corporation Name
**PLASTIC SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10721-B 75TH ST. NO.<br>LARGO FL 34647<br>US | 10721-B 75TH ST NO.<br>LARGO FL 34647<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 03/14/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc<br>22 3561 Avalon Cove DR. E. | Suite, Apt. #, etc<br>27 3561 Avalon Cove DR. E. |
| City & State<br>23 JACKSONVILLE FL | City & State<br>28 JACKSONVille FL |
| Zip / Country<br>24 32224 25 DUVAL | Zip / Country<br>29 32224 30 DUVAL |

4. FEI Number: 59-3181464 — 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. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ROMAN, MARK S<br>2340 MAIN ST<br>SUITE L<br>DUNEDIN FL 34698 | 81 Name: MICHAEL E. PROSEK<br>82 Street Address (P.O. Box Number is Not Acceptable): 3561 Avalon Cove DR. E.<br>83<br>84 City: JACKSONVille FL 85 Zip Code: 32224 |

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] President (MICHAEL E. PROSEK) 7.24.95
(Signature of New Registered Agent, if changed) (Title) (Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D ☒ Change ☐ Addition |
| NAME | PROSEK, MICHAEL E | 12 NAME | PROSEK, MICHAEL E. |
| STREET ADDRESS | 7926 CAUSEWAY BLVD | 13 STREET ADDRESS | 3561 Avalon Cove DR. East |
| CITY ST ZIP | ST PETERSBURG FL 33707 | 14 CITY ST ZIP | JACKSONVILLE FL 32224 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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)(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 added on an attachment with an address.

SIGNATURE: [signature] 7.24.95 904-641-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL E. PROSEK

0116648 CP