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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000038495

1. Corporation Name

APOPKA PLASTICS, INC.

000001520100
-06/22/95--01010--025
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified	3a. Date of Last Report
5/27/93	1994

2. Principal Place of Business	2a. Mailing Address
21 2601 W. ORANGE BLOSSOM TRAIL	26 2601 W. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 APOPKA, FLORIDA	City & State 28 APOPKA, FLORIDA
Zip 24 32712 / Country 25 USA	Zip 29 32712 / Country 30 USA

4. FEI Number 59-3186862 ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	01 Name: STANLEY RAPHAEL
	02 Street Address (P.O. Box Number is Not Acceptable): 400 TOWERSIDE TERRACE APT. 611
	03
	04 City: MIAMI FL 05 Zip Code: 33138

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: Stanley S. Raphael (Signature of printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	HAROLD E. DOHERTY	12 NAME	
STREET ADDRESS	53 MILLBROOK ST., P.O. BOX 366	13 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01606	14 CITY-ST-ZIP	
TITLE	SECRETARY	21 TITLE	☐ Change ☐ Addition
NAME	NILO GONZALEZ, JR.	22 NAME	
STREET ADDRESS	2601 W. ORANGE BLOSSOM TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	24 CITY-ST-ZIP	
TITLE	DIRECTOR	31 TITLE	☐ Change ☐ Addition
NAME	HAROLD E. DOHERTY	32 NAME	
STREET ADDRESS	53 MILLBROOK ST., P.O. BOX 366	33 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01606	34 CITY-ST-ZIP	
TITLE	DIRECTOR	41 TITLE	☐ Change ☐ Addition
NAME	STANLEY S. RAPHAEL	42 NAME	
STREET ADDRESS	53 MILLBROOK ST., P.O. BOX 366	43 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01606	44 CITY-ST-ZIP	
TITLE	DIRECTOR	51 TITLE	☐ Change ☐ Addition
NAME	DANIEL W. COAKLEY	52 NAME	
STREET ADDRESS	53 MILLBROOK ST., P.O. BOX 366	53 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER, MA 01606	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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: Harold E Doherty HAROLD E. DOHERTY 5-26-95 508-756-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #