FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P93000038495

1. Corporation Name
APOPKA PLASTICS, INC.

Principal Place of Business
2601 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712

Mailing Address
2601 WEST ORANGE BLOSSOM TRAIL
APOPKA, FL 32712

3. Date Incorporated or Qualified: 5/27/93
3a. Date of Last Report: 1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26: 400 TOWERSIDE TERRACE
Suite, Apt. #, etc. — 27: APT. 611
City & State — 28: MIAMI, FL
Zip — 29: 33138 — 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STANLEY S. RAPHAEL
400 TOWERSIDE TERRACE APT. 611
MIAMI, FL 33138

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	P/T/D ☒ Change ☐ Addition
NAME	HAROLD E. DOHERTY	1.2 NAME	HAROLD E. DOHERTY
STREET ADDRESS	7 BASSWOOD LANE	1.3 STREET ADDRESS	7 BASSWOOD LANE
CITY-ST-ZIP	ANDOVER, MA 01810	1.4 CITY-ST-ZIP	ANDOVER, MA 01810
TITLE	SECRETARY ☐ DELETE	2.1 TITLE	S/D ☒ Change ☐ Addition
NAME	STANLEY S. RAPHAEL	2.2 NAME	STANLEY S. RAPHAEL
STREET ADDRESS	400 TOWERSIDE TERRACE APT. 611	2.3 STREET ADDRESS	400 TOWERSIDE TERRACE APT. 611
CITY-ST-ZIP	MIAMI, FL 33138	2.4 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	DIRECTOR ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	HAROLD E. DOHERTY	3.2 NAME	DANIEL W. COAKLEY
STREET ADDRESS	7 BASSWOOD LANE	3.3 STREET ADDRESS	27 ELIZABETH DRIVE
CITY-ST-ZIP	ANDOVER, MA 01810	3.4 CITY-ST-ZIP	LAUREL HOLLOW, NY 11791
TITLE	DIRECTOR ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STANLEY S. RAPHAEL	4.2 NAME	
STREET ADDRESS	400 TOWERSIDE TERRACE APT. 611	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL W. COAKLEY	5.2 NAME	
STREET ADDRESS	27 ELIZABETH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL HOLLOW, NY 11791	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

RW 5-6-97

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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: ✓ Harold E. Doherty — HAROLD E. DOHERTY ✓ — (508) 756-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #