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FILED
May 27 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 # P93000046556

1. Corporation Name
CONSOLIDATED POLYMER TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
11811 62ND STREET NORTH LARGO, FL 34643 US	PO BOX 17468 CLEARWATER, FL 34622 US

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3194873 ☐ 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

KLINGEL, ROBERT R.
5260 113TH AVENUE NORTH
CLEARWATER, FL 34620

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 607.1509, 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, typed or 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	P ☐ DELETE	11 TITLE	PD ☒ Change ☐ Addition
NAME	CARPENTER, LARRY R.	12 NAME	CARPENTER, LARRY R
STREET ADDRESS	PO BOX 1636 NA	13 STREET ADDRESS	PO BOX 1636 (NA) Mailing Address
CITY-ST-ZIP	BRADENTON, FL	14 CITY-ST-ZIP	BRADENTON, FL
TITLE	V ☒ DELETE	21 TITLE	VP D ☒ Change ☐ Addition
NAME	REESE, GARY A	22 NAME	KLINGEL, ROBERT R.
STREET ADDRESS	12150 93RD STREET NORTH	23 STREET ADDRESS	15530 GULF BLVD.
CITY-ST-ZIP	LARGO, FL	24 CITY-ST-ZIP	REDINGTON BEACH, FL 33708
TITLE	ST ☐ DELETE	31 TITLE	CD ☒ Change ☐ Addition
NAME	KLINGEL, ROBERT R.	32 NAME	KLINGEL, WALTER C. SR.
STREET ADDRESS	2997 60TH AVENUE SOUTH	33 STREET ADDRESS	PO BOX 130 (NA) Mailing Address
CITY-ST-ZIP	ST. PETERSBURG, FL	34 CITY-ST-ZIP	MORRISTON, FL 32688
TITLE	D ☐ DELETE	41 TITLE	SD ☐ Change ☒ Addition
NAME	KLINGEL, WALTER C SR.	42 NAME	KLINGEL, DIANE M.
STREET ADDRESS	NW CORNER HWY 41-326 NA	43 STREET ADDRESS	15530 GULF BLVD.
CITY-ST-ZIP	MORRISTON, FL	44 CITY-ST-ZIP	REDINGTON BEACH, FL 33708
TITLE	☐ DELETE	51 TITLE	TD ☐ Change ☒ Addition
NAME		52 NAME	TOTTLE, DAVID J.
STREET ADDRESS		53 STREET ADDRESS	5044 KILKENNEY COURT
CITY-ST-ZIP		54 CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: _____ ROBERT R KLINGEL, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #