

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046556

1. Corporation Name

CONSOLIDATED POLYMER TECHNOLOGIES, INC.

Principal Place of Business

11811 62ND ST N
LARGO FL 34643
US

Mailing Address

PO BOX 17468
CLEARWATER FL 34622
US

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90046 004 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1993

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 owes the current year Intangible
Personal Property Tax. Paid

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

KLINGEL, ROBERT R
5260 113TH AVE N
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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME PD
CARPENTER, LARRY R
STREET ADDRESS P.O. BOX 1636 NA
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME VPD
KLINGEL, ROBERT R
STREET ADDRESS 15530 GULF BLVD.
CITY-ST-ZIP REDINGTON BEACH FL 33708

TITLE ☒ DELETE

NAME CD
KLINGEL, WALTER C SR
STREET ADDRESS PO BOX 130
CITY-ST-ZIP MORRISTON FL 32688

TITLE ☐ DELETE

NAME SD
KLINGEL, DIANE M
STREET ADDRESS 15530 GULF BLVD.
CITY-ST-ZIP REDINGTON BEACH FL 33708

TITLE ☐ DELETE

NAME TD
TOTTLE, DAVID J
STREET ADDRESS 5044 KILKENNEY COURT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS P.O. Box 1636

1.4 CITY-ST-ZIP Bradenton FL 34206

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VPD

3.3 STREET ADDRESS Johnson, Theodore D

3.4 CITY-ST-ZIP 2219 Glenmoor Rd South

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Clearwater FL 34624

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME VPD

6.3 STREET ADDRESS Carpenter, Linda

6.4 CITY-ST-ZIP P.O. Box 1636

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED /Robert K. Klingel 3/31/99

Date

727-573-7676

Daytime Phone #

CR2E034 (1/98)