

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072193 (4)

1. Corporation Name

PANTHER PLASTICS, INC.

Principal Place of Business

250 POWER CT
SANFORD FL 32771

Mailing Address

250 POWER CT
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
08/01/1994

2. Principal Place of Business

21 250 Power ct.

Suite, Apt. #, etc.

22

City & State

23 Sanford FL

24

Zip

32771

25

Seminole

2a. Mailing Address

26 250 power ct.

Suite, Apt. #, etc.

27

City & State

28 Sanford FL

29

Zip

32771

30

Seminole

4. FEI Number
62-1552602

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

MACKAY, JAMES
421 CLARK HILL RD
OSTEEN FL 32764

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number Is Not Acceptable)

B3

B4 City

FL

B5 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

James Mackay, President (James Mackay)

4-28-95

(Type or printed name of registered agent or title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACKAY, JAMES
STREET ADDRESS	421 CLARK HILL RD
CITY - ST - ZIP	OSTEEN FL 32764
TITLE	V
NAME	RUGUR, DAVID
STREET ADDRESS	102 N SUMMERSET CT
CITY - ST - ZIP	SANFORD FL 32771
TITLE	S
NAME	GUZMAN, OSWALDO
STREET ADDRESS	2812 S PARK AVE
CITY - ST - ZIP	SANFORD FL 32771
TITLE	T
NAME	MACKAY, JAMES
STREET ADDRESS	421 CLARK HILL RD
CITY - ST - ZIP	OSTEEN FL 32764
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
1.4 CITY - ST - ZIP	
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	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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:

James Mackay, James Mackay

4/28/95 407-324-9315

(Type or printed name of signing officer or director)

(Typed Name)