FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

DOCUMENT # **P93000086257 (1)**

T.J.'S RESIN, INC.

Principal Place of Business	Mailing Address
1618 VILLAGE GREEN DR BAY 12 PORT ST LUCIE FL 34952	1618 VILLAGE GREEN DR BAY 12 PORT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated: 12/13/1993
3a. Date of Last Report: 03/29/1994

4. FEI Number: ~~59-3215007~~ 65-0462046

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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

KOLB, TIMOTHY J
1618 VILLAGE GREEN DR
BAY 12
PORT ST LUCIE FL 34952

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KOLB, TIMOTHY J
STREET ADDRESS	1618 VILLAGE GREEN DR BAY 12
CITY-ST-ZIP	PORT ST LUCIE FL 34952
TITLE	VP
NAME	KOLB, TAMMY J.
STREET ADDRESS	1618 VILLAGE GR DR #12
CITY-ST-ZIP	PORT ST LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: Timothy J. Kolb TIMOTHY J. KOLB ~~4-30-95~~ 5-8-95 407-337-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

0078997 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

ACCEPTED AND FILED

DOCUMENT # **P93000086669 (7)**

1. Corporate Name

AMORE SERVICE STATION CORPORATION

95 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13571 SW 40TH LN
MIAMI FL 33173

Mailing Address

13571 SW 40TH LN
MIAMI FL 33173

Do NOT Write in this SPACE

3. Date Incorporated or Qualified: **12/20/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0456426** — Applied For / Not Applicable

Suite, Apt. # or PO — 22 / 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

24 / 25 / 29 / 30

8. This corporation has authority to indemnify its officers, directors, employees and agents as set forth in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BATISTA, JULIO G
13571 SW 40TH LANE
MIAMI FL 33175

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 Section 607.0502 and 607.1908, 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
01 TITLE	P	61 TITLE	☐ Change ☐ Addition
02 NAME	BATISTA, JULIO E	62 NAME	JULIO G BATISTA
03 STREET ADDRESS	13571 SW 40TH LN	63 STREET ADDRESS	
04 CITY ST ZIP	MIAMI FL 33175	64 CITY ST ZIP	
05 TITLE	ST	65 TITLE	☐ Change ☐ Addition
06 NAME	BATISTA, JULIO C	66 NAME	
07 STREET ADDRESS	13903 SW 27TH TERR.	67 STREET ADDRESS	
08 CITY ST ZIP	MIAMI FL 33175	68 CITY ST ZIP	
09 TITLE	V	69 TITLE	☐ Change ☐ Addition
10 NAME	BEATRIZ, MUIR	70 NAME	Deceased
11 STREET ADDRESS	13570 SW 40TH LN	71 STREET ADDRESS	
12 CITY ST ZIP	MIAMI FL 33175	72 CITY ST ZIP	
13 TITLE		73 TITLE	☐ Change ☐ Addition
14 NAME		74 NAME	
15 STREET ADDRESS		75 STREET ADDRESS	
16 CITY ST ZIP		76 CITY ST ZIP	
17 TITLE		77 TITLE	☐ Change ☐ Addition
18 NAME		78 NAME	
19 STREET ADDRESS		79 STREET ADDRESS	
20 CITY ST ZIP		80 CITY ST ZIP	
21 TITLE		81 TITLE	☐ Change ☐ Addition
22 NAME		82 NAME	
23 STREET ADDRESS		83 STREET ADDRESS	
24 CITY ST ZIP		84 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate; that this report is filed within the time provided by Section 607.1622, Florida Statutes; and that I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Julio G Batista - Pres. 5/11/95 305-362-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JULIO G. BATISTA

0181095 CP