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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400009247 (5)

FILED Jan 23 1998 8:00am Secretary of State

MARTIN PLASTICS INC. Principal Place of Business Mailing Address 870 E. GAY STREET PO BOX 1384 BARTOW FL 33830 BARTOW FL 33830 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/28/19</u>94 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3156381 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired ___ 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 ☐ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent MARTIN, JOHN D **480 HEATHER COURT** 82 Street Address (P.O. Box Number is Not Acceptable) BARTOW FL 33830 83 84 City Zip Code 85 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 ogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME MARTIN, JOHN D. 1.2 NAME STREET ADDRESS 480 HEATHER CT. 1.3 STREET ADDRESS BARTOW FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

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.

SIGNATURE:

GIGNATURE REQUIRED

UL T. Mosti

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CR2E034 (10/97)