

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

DOCUMENT # P94000038346 (0)

1. Corporation Name

RESIN MANAGEMENT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 11:49

Principal Place of Business

6712 NORTH 54TH ST.
TAMPA FL 33610

Mailing Address

6712 NORTH 54TH ST.
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

P.O. Box 16632

4. FEI Number

59-3243969

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

Tampa, FL

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

33687-6632

USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLYTH, PETER C
6712 NORTH 54TH ST.
TAMPA FL 33610

10. Name and Address of Now Registered Agent

81 Name
Daniel D. Whitaker, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
Suite 1190, First Union Center
83 100 South Ashley Drive
84 City
Tampa FL 85 Zip Code
33602

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]

DANIEL D. WHITAKER

1/31/95

(Signature, Name or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLYTH, PETER C
STREET ADDRESS	6712 NORTH 54TH ST.
CITY - ST - ZIP	TAMPA FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	D/P/S	☒ 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 this 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 in an attachment with an address.

SIGNATURE:

[Signature]

Peter C. Blyth, Pres 30 Jan 95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)