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

Mailing Address

1000 SAND POND ROAD

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400086190 (3)

POLYMERS, INC.

Principal Place of Business

1000 SAND POND ROAD

FILED
May 20 1998 8:00am
Secretary of State



SUITE 800 LAKE MARY FL 32746		SUITE 900 LAKE MARY FL 32746		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	
					11/29/1994	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4, FEI Number	Applied For
21		26			59-3289977	Not Applicable
Suite, Apt.	#, 6 IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				<u>.</u>
23	2	le na in			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country		8. This corporation owes or has paid the cur	
24	25	29	30	,		Yes No
	9, Name and Address of Currer	1: :1	1		10. Name and Address of New Registered	
RAI	LEY, J. R		81	Name		
	O SAND POND ROAD		82	12 Street Address (P.O. Box Number is Not Acceptable)		
	TE 900		02	Sireer Au	oreas (r.o. box Number is Not Acceptable)	
LAK	E MARY FL 32746		83			···
			84	City		85 Zip Code
44 Duraunat	to the provincers of Scotland 607 000	02 and 607 1609 Elacida Status	ton the ober	o named so	FL reporation submits this statement for the purpose of	changing its registered
office or re	io the provisions of Sections 607.050 egistered agent, or both, in the State	i of Florida, Such change was	authorized b	y the corpor	alion's board of directors. I hereby accept the app	changing its registered pintment as registered
agent. La	no familiar with and account the oblig	nitions of, Section 607.0505, FI	lorida Statuto	!S. \	1 3	.97
SIGNATUR	Signature: Evited or penilod transcol trigget in disse	entary title if miskrable	E: Registered Ac	ent sinnature ren	u red when renstating) DATE	10
12.	OFFICERS AN	D DIRECTORS	13.	ren og record	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	<u>DP</u>	DELETE	11 TOTLE			Change Addition
NAME	BAILEY, J. RUSHTON		1.2 NAME			
STREET ADDRESS	1000 SAND POND RD		1.3 STREE	F ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CHY-ST-ZIP			
TITLE	81	☐ DELETE	2 1 TITLE		***	☐ Change ☐ Addition
NAME	KLEY, GEORGE		22 NAMI			
STREET ADDRESS	1000 SAND POND RD		23 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL 32746	· · · · · · · · · · · · · · · · · · ·	2 4 CITY-	ST - ZIP		
TITLE	DEVP	☐ DÉLETE	31 TITLE			☐ Change ☐ Addition
NAME]	BAILEY, ALLEN COLE		3.2 NAME			
STREET ADDRESS	1000 SAND POND ROAD		3 3 STREE	T ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746	· · · · · · · · · · · · · · · · · · ·	3 4. CITY-	ST-7IP		
TITLE	DVP	☐ DELETE	4.1 TITLE			Change Addition
NAME	BAILEY, CARL F		4 2 NAME			
STREET ADDRESS	1000 SAND POND ROAD		4 3 STREE	I ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746	The second	4.4 CiTY-	S1 - ZIP		T Ab T 2 + 2 + 2 + 1
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		I percer	5.4 CITY -	ST - ZIP		Ohanna I James
TITLE	• •	☐ DELETE	6.1 TITLE			Change Addition
NAME	:		6.2 NAME			
STREET ADDRESS	•		6.3 STREE	T ADDRESS		

14. Thereby 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 tegal 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 13 if changed, or op an attactured with an address.

1. 30-02