FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000017030 (4)**

1. Corporation Name

ON LINE PLASTIC PRODUCTS, INC.

Principal Place of Business
927 EAST KLOSTERMAN ROAD
TARPON SPRINGS FL 34689

Mailing Address
927 EAST KLOSTERMAN ROAD
TARPON SPRINGS FL 34689

3. Date Incorporated or Organized: 03/01/1995

3a. Date of Last Report: N/A

4. FEI Number: 59-3308119 — 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. Does corporation have duty for information to under s. 19.0.5, Florida Statutes: ☐ Yes ☑ No

2. Principal Place of Business
21 1384 Forest Lawn ct.
22 Suite, Apt. #, etc.
23 City & State: Tarpon Springs FL.
24 Zip: 34689 25 County

2a. Mailing Address
26 1384 Forest Lawn ct
27 Suite, Apt. #, etc.
28 City & State: Tarpon Springs FL
29 Zip: 34689 30 County

9. Name and Address of Current Registered Agent

GERMINO, MICHAEL
927 KLOSTERMAN ROAD
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Same
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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. Its Secretary or authorized officer, or other officer, or director, hereby accepts the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPVS	☐ DELETE
NAME	BAKER, YVONNE	
STREET ADDRESS	1384 FOREST LAWN COURT	
CITY, ST, ZIP	TARPON SPRINGS FL 34689	
TITLE	T	☐ DELETE
NAME	BAKER, YVONNE	
STREET ADDRESS	1384 FOREST LAWN COURT	
CITY, ST, ZIP	TARPON SPRINGS FL 34689	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change	☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE	☐ Change	☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE	☐ Change	☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE	☐ Change	☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	☐ Change	☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	☐ Change	☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this report is true and accurate and that my signature shall serve as my affirmation under oath pursuant to Section 817.155, Florida Statutes. I further certify that the information indicated on this report or supplemental report is in compliance with Section 607.0505, Florida Statutes, and that I am an officer or director of the corporation or the agent upon whom service of process may be made pursuant to Section 607.0501, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in Block 11 of the articles of incorporation.

SIGNATURE: Yvonne T. Baker — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/16/96 — 813 942-7676