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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028869 (2)

K. & D. PLASTICS, INC.

Principal Place of Business		Mailing Address			1 14201000 114 16141 5111 5211 00111 6211 5211 5211 1611 1611 1611 1611 1
10620 HARRIS LOOP HUDSON FL 34667		673S SANDERLING LANE HUDSON FL 34687 US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 04/07/1995
2. Principal Place 21	of Business	2a. Mailing Addre	085		4. FEI Number 59-3311101
Suite, Apt. #, e	tc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired
City & State		City & State 28			6. Election Campaign Financing Trust Fund Contribution
Zip Country 24 25		7 (p 29	30 Cour	itry	Personal Property Tax due June 30. 🔀 Yes
9	Name and Address of Cu	rrent Registered Agent		T	10. Name and Address of New Registered Agent
BEITEL, DIANA 6735 SANDERLING LANE HUDSON FL 34667				81 82 83	Name Street Address (P.O. Box Number is Not Acceptable)
	ne provisions of Sections 607			84	City FL 85

FILED Feb 11 1998 8:00am Secretary of State



WRITE IN THIS SPACE alified

has paid the current year intangible

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

85 Zip Code

						FL T	· · · ·			
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 agont, 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 Lar	n familiar with, and accept the obligations of, Sect	ion 607.05 05, Moric	da Statutes.	0 .1 1	10	- 1.1				
SIGNATURE	DIANA L. BEITEL Signature, typod or printed name of registered agent and title diapplic	ALLA (NOTE A	legistered Agent aignature	required when reinstating)	(RESIDENT)	2/6/9 DATE	98			
12.	OFFICERS AND DIRECTORS		13.	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12			
TITLE	P	DELETE	1.1 TITLE			Chang	Addition			
NAME	BEITEL, DIANA L		1.2 NAME							
STREET ADDRESS	6735 SANDERLING LANE		1.3 STREET ADDRESS							
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP							
TITLE	VP .	DELETE	2 1 TITLE			☐ Chang	Addition			
NAME	BEITEL, LAWRENCE C. L		2.2 NAME							
STREET ADDRESS	6735 SANDERLING LANE	!	2 3 STREET ADDRESS							
CITY-ST-ZIP	HUDSON FL 34667		2.4 CITY+ST-ZIP							
TITLE	INV	DELETE	3.1 TITLE			☐ Chang	e			
NAME	KROHN, ROBERT J		3.2 NAME							
STREET ADORESS	8426 BRIARLEAF CT		3.3 STREET ADORESS							
CITY-ST-ZIP	PORT RICHEY FL 34668		3 4. CITY-ST-ZIP							
TITLE	INV	DELETE	4.1 TITLE	 		Chang	Addition			
NAME	KROHN, KIM L		4.2 NAME							
STREET ADDRESS	8426 BRIARLEAF CT		4.3 STREET ADDRESS							
CITY-ST-ZIP	PORT RICHEY FL 34668		4.4 CITY-ST-ZIP							
TITLE	INV	☐ DELETE	5.1 TITLE			☐ Chang	e 🔲 Addition			
NAME	SMITH, DANNY		5.2 NAME							
STREET ADDRESS	4478 ATKINS RD.		5.3 STREET ADDRESS							
CITY-ST-ZIP	PORT HURON MI 48060		5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE			Chang	e 🔲 Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY - ST - ZIP							
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 legal effect as if made under oath; that I am an										
officer or director of the conversion or the receiver or trusted 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.										

DIANA L. BEITEL PRESIDENT