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

Mailing Address
3010-15 MAINE AVENUE

LAKELAND FL 33801-9784

Profit Corporation Annual Report

1997

Principal Place of Business

3010-15 MAINE AVENUE LAKELAND FL 33801

THLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050676 (2)

WITT PLASTICS, INC. OF FLORIDA

3. Date incorporated or Qualified 3a. Date of Last Report 06/28/1995 02/06/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3319487 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GORDON, BRUCE H 81 Name SHUMAKER, LOOP & KENDRICK **B2** Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., SUITE 2500 83 **TAMPA FL 33602** 84 Zip Code 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 (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE WITT, JOHN L NAME 1.2 NAME 6186 CULBERTSON STREET ADDRESS 1.3 STREET ADDRESS **GREENVILLE OH 45331** 1.4 City - St - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition THLE FOURNIËR. PAUL 22 NAME NAME 5070 IRONWOOD TRAIL STREET ADDRESS 2.3 STREET ADDRESS BARTOW FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THE FIESSINGER, CARL M. 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 5847 COVEVIEW CT. LAKELAND, FL 33813 3.4. CITY-ST-ZIP CITY-ST-ZIP

14. I do 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.

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME

4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - 2IP

5.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

2-17-97 (941) 645-6557
Date Dayline Phone #

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 21 1997 8:00am

Secretary of State