

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000007262 (4)

1. Corporation Name
PROGRESSIVE PLASTICS, INC.

Principal Place of Business
1458 SEABREEZE STREET
CLEARWATER FL 34618

Mailing Address
1458 SEABREEZE STREET
CLEARWATER FL 34618-2349



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.			4. FEI Number 65-0636193	Applied For Not Applicable
22. City & State	27. City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REGISTERED CORPORATE AGENTS, INC.
812 S. GREENWOOD AVENUE
CLEARWATER FL 34618

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. 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 required for principal name of registered agent and fee. If applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	CARTER, DAVID LEE	1.2 NAME	
STREET ADDRESS	1458 SEABREEZE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34618	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	
NAME	TIPTON, CHRIS	2.2 NAME	
STREET ADDRESS	1458 SEABREEZE STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34618	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	SAARI, RYAN	3.2 NAME	
STREET ADDRESS	1458 SEABREEZE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34618	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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, upon an attachment with an address.

SIGNATURE: *David L. Carter* (DAVID L. CARTER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

813-582-9739

Daytime Phone #

0444391

CR2E034 (9/96)