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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000043777 (7)

EXTRUSION TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

## **FILED** May 13 1998 8:00am Secretary of State



BO31 OLD SPANISH TRAIL SNEADS FL 32460		8031 OLD SPANISH TRAII Sneads FL 32460	8031 OLD SPANISH TRAIL SNEADS FL 32460					
:					DO NOT WRITE IN THIS	SPACE		
					<ol><li>Date Incorporated or Qualified 05/22/1996</li></ol>			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21		26	26		59-3382001	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4			\$8.75 Additional		
22		27	· •		5. Certificate of Status Desired	Fee Required		
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Z <sub>i</sub> p	Countr	y	8. This corporation owes or has paid the cur			
24	25		30			Yes 🔀 No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
BLANTON, EDWIN F				Name				
825 THOMASVILLE RD TALLAHASSEE FL 32303			82	Street	Address (P.O. Box Number is Not Acceptable)			
174	LLA MODEE PE 02000		63	<del> </del> -				
				100				
			64	1	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, typed or printed name of registrated a	cond and this if anota able ONOTE	- Applished Ac	ent e matur	e required when reinstating) DATE			
12.		ND DIRECTORS	13.	ork big ratore	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
TITLE	DP	DELETE	1.1 TITLE		1.00,110,10,10,111,111,111,111,111,111,1	Change Addition		
NAME	FERN, LAWRENCE F		1.2 NAME					
STREET ADDRESS	8031 OLD SPANISH TRAIL			T ADDRESS		Į į		
CITY-ST-ZIP	SNEADS FL 32460					Į į		
TITLE	DST	DELETE	1.4 CITY -	51 - ZIP		Change		
NAME	FERN, PHILLIP L	Carlo December	2.2 NAME			Par change		
STREET ADDRESS	8031 OLD SPANISH TRAIL				4907 SHETLAND AVE.			
	SNEADS FL 32460			ADORESS	TAMPA, FL 33615			
CITY-ST-ZIP TITLE	01EAD01E 02100	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	1AMPA, PL 33613	Change Addition		
ı		_ beere				Cuange - Abouton		
NAME CTOSET ADDRESS			3.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CITY -	ST-ZIP				
TITLE		E vittle	4.1 TITLE			☐ Change ☐ Addition		
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		- Decem	4.4 CITY-1	T-ZIP				
TITLE		DELETE	. 5.1 TITLE			☐ Change ☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change Addition		
NAME			62 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
City - St - Zip			64 CITY-S	IT-ZIP				
and I be a section of	- Att al - sat - E	11 14 1 621 4 1 1 1 1 1						

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an output of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in