

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

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074100 (4)**

1. Corporation Name

**COMTEC POLYMERS, INC.**



Principal Place of Business <b>12660 WORLD PLAZA LANE FORT MYERS FL 33907</b>	Mailing Address <b>12660 WORLD PLAZA LANE FORT MYERS FL 33907</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>405 PARK TOWER DRIVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>405 PARK TOWER DRIVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/06/1996</b>	
22 City & State <b>MANCHESTER TN</b> Zip Country <b>37355 USA</b>		27 City & State <b>MANCHESTER TN</b> Zip Country <b>37355 USA</b>		4. FEI Number <b>65-0694615</b> Applied For Not Applicable	
23 <b>MANCHESTER TN</b>		28 <b>MANCHESTER TN</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>37355</b>		29 <b>37355</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>USA</b>		30 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ASHTON, JAMES P  
12660 WORLD PLAZA LANE  
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name <b>MIKE CLIFTON JAMES P. ASHTON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>405 PARK TOWER DRIVE</b>
83 <b>2301 MAITLAND CTR. PKWY. #240</b>
84 City <b>MANCHESTER MAITLAND</b>
85 Zip Code <b>FL 32751</b>

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 *James P. Ashton* **JAMES P. ASHTON** **1-8-98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ASHTON, JAMES P 12660 WORLD PLAZA LANE FORT MYERS FL 33907</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D ASHTON, JAMES P. 2301 MAITLAND CTR. PKWY. #240 MAITLAND, FL 32751</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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.

SIGNATURE: *James P. Ashton* **JAMES P. ASHTON** **1-8-98** **407-875-9595**

CR2E034 (10/97)