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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000082889 (2)

1. Corporation Name

POLY VINYL CREATIONS, INC.

Principal Place of Business

11317 HWY 52  
HUDSON FL 34669

Mailing Address

11317 HWY 52  
HUDSON FL 34669-3084

3. Date Incorporated or Qualified

10/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 11313 Hwy 52

State, Apt. #, etc.

22 City & State  
Hudson FL

Zip

24 34669

Country

2a. Mailing Address

26 11313 Hwy 52

Suite, Apt. #, etc.

27 City & State  
Hudson FL

Zip

29 34669

Country

4. FEI Number

59-3408466

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BACON, DAVID A ESO  
2959 FIRST AVE N  
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS BURTON, ROBERT L  
5298 18TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ DELETE

NAME V  
STREET ADDRESS ANKELMAN, PATRICK  
11317 HWY 52  
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS BURTON, ELLEN H  
5298 18TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE ☐ DELETE

NAME T  
STREET ADDRESS SCHWANKOFF, JAMES  
1900 34TH STREET SO  
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, or on an attachment with an address.

SIGNATURE: Ellen H. Burton, SECRETARY 4/17/97 813-321-1669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)