

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 31 1997 8:00am
Secretary of State

DOCUMENT # P96000090634 (2)

1. Corporation Name

TSB RESINS, INC.



Principal Place of Business

Mailing Address

955 W. LANCASTER ROAD
SUITE 328
ORLANDO FL 32809-5868

955 W. LANCASTER ROAD
SUITE 328
ORLANDO FL 32809-5868

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYETTE, K. WADE JR
215 NORTH JOANNA AVENUE
TAVARES FL 32778

81 Name

Casey, David A.

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

6101 Chancellor Dr. STE 200

83

84 City

Orlando

FL

85

Zip Code
32809

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, in 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: [Signature]

President

(NOTE: Registered Agent signature required when reinstating)

July 24, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D BOYETTE, K. WADE JR
NAME BOYETTE, K. WADE JR
STREET ADDRESS 215 NORTH JOANNA AVENUE
CITY-ST-ZIP TAVARES FL 32778

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D CASEY, DAVID A
NAME CASEY, DAVID A
STREET ADDRESS 4073 CUMBERLAND DRIVE
CITY-ST-ZIP SNELLVILLE GA 30278

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D AGNEW, SANFORD M
NAME AGNEW, SANFORD M
STREET ADDRESS 6131 SOUTH NORCROSS-TUCKER #500-284
CITY-ST-ZIP NORCROSS GA 30093

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D COSTELLO, WILLIAM C
NAME COSTELLO, WILLIAM C
STREET ADDRESS 464 ANSLEY BROOK DRIVE
CITY-ST-ZIP LILBURN GA 30248

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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

[Signature]

407-321-1234

CR2E034 (4/97)