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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100219 1. Corporation Name

POLYTANK, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90043 045 ***150.00



Principal Place of Business Mailing Address 6003 WESTSIDE INDUSTRIAL DRIVE	
JACKSONVILLE FL 32219 JACKSONVILLE FL 32219 DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	\neg
01/01/1997	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Fo	,
21 8525 Mallory Road 28 S9-3416188 Not Applice	
Suite, Ant # etc. Suite, Ant # etc. \$8.75 additions	_
22 5. Certificate of Status Desired ☐ Fee Required ☐ City & State 6. Election Campaign Financing ☐ \$5.00 May Be	
City & State 6. Election Campaign Financing \$5,00 May Be	\neg
23 1 Trust Fund Contribution Added to Fees	
Zip Country 8. This corporation owes the current year Intangible	
24 3220 25	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
RAX CO.	ſ
POL Cloud Address (D.O. Day Mumbas is Not Assessable)	\neg
%MAHONEY ADAMS & CRISER, P.A. 50 N. LAURA ST., 3300 BARNETT CENTER 83	
JACKSONVILLE FL	
84 City 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 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.	d
SIGNATURE	
Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent aignature required when renatating) DATE	—∣ ഒ
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	=
NAME CORBERA, BERNARDO 12 NAME	\(\frac{1}{2} \)
STREET ADDRESS 8525 MALLORY ROAD 1.3 STREET ADDRESS	1 🗒
CITY-ST-ZIP JACKSONVILLE FL 14 CITY-ST-ZIP 14 CITY-ST-ZIP 17 Charge MAC	&
	itoon O
NAME MARTINEZ, DIDAC 22 NAME Arrebola, Pedro	
STREET ADDRESS 8525 MALLORY ROAD 2.3 STREET ADDRESS	⊢li
CITY-ST-ZP JACKSONVILLE FL 2.4CITY-ST-ZP	<u> </u>
TITLE . D Change Add	nuon ;
NAME VILA, JOAN P	ļ
STREET ADDRESS CARRER DELS AMETLERS NO. 6, 08213 POLINYA 33 STREET ADDRESS	i
CITY-ST-ZP BARCELONA, SPAIN 34.CITY-ST-ZP	NIO.
TITLE Change Add	4601
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	- [
CITY-ST-ZIP 44 CITY-ST-ZIP Change Add	
	nba
NAME 52 NAME	'
STREET ADDRESS 6.3 STREET ADDRESS	1
CTY-ST-ZP	
STREET ADDRESS 0.3 STREET ADDRESS	
CITY-ST-ZP 6.6 CITY-ST-ZP	

indicated on this annual report or supplemental annual apport 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 chapter, or on an attachment with an address, with all other like empowered.

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