


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

011127

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P97000004587</b> 1. Corporation Name <b>FINYL PRODUCTS, INC.</b>		

**FILED**

99 JUL 26 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <del>8657 NW 80 AVE.</del> <del>OCALA FL 34482</del> <b>1734 N. Magnolia Ave</b> <b>Ocala, Fl. 34475</b>	Mailing Address <del>8657 NW 80 AVE.</del> <del>OCALA FL 34482</del> <b>1734 N. Magnolia Ave</b> <b>Ocala Fl. 34475</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1734 N. Magnolia Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ocala, Fl.</b> Zip 24 <b>34475</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1734 N. Magnolia Ave</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ocala, Fl.</b> Zip 29 <b>34475</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>01/10/1997</b>	4. FEI Number <b>59-3439493</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>HAGEMEYER, TED</b> <del>8657 NW 80 AVE.</del> <del>OCALA FL 34482</del> <b>1734 N. Magnolia Ave.</b> <b>Ocala, Fl. 34475</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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10. Name and Address of New Registered Agent
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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 Ted L. Hagemeyer DATE **7-8-99**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>200002953052--2</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>-08/06/99--01075--014</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>***150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Ted L. Hagemeyer **7-8-99 352 351 4033**

CR2E034 (5/99)

# ***FINYL PRODUCTS*** Inc.

***DECKING*** ♦

***RAILING*** ♦

***FENCING***

***1734 North Magnolia Ave. Ocala, Florida 34475 ph: 352 351-4033 fax: 352 351 0983***

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Division of Corporations  
Annual Report Filings  
PO Box 1500  
Tallahassee, Fl. 32302-1500

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Dear Sir:

On July 1<sup>st</sup>, we received the form: 1999 Profit Corporation Annual Report stamped "SECOND NOTICE". Perhaps the change of business address and location caused the first form to be lost.

Because our business is only two years old, we were unaware of the need to file or of the deadline. It is our intention to comply with all filings in a timely manner as we learn about them.

Please find the enclosed report. Also enclosed is the fee of \$150.00, inasmuch as we would appreciate a deferment of the fine.

Sincerely,



Ted Hagemeyer

***CUSTOMIZED***  
***FENCING*** ♦

***POLYVINYL***  
***DECKING*** ♦ ***RAILING*** ♦

***PRODUCTS***  
***DOCKS***