

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000004835**

1. Corporation Name

PRECISION POLYMERS INC.

FILED

99 NOV -4 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000003045460--7

-11/16/99--01050--015

DO NOT WRITE IN THIS SPACE ***150.00

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

65-0743225

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

1519 PINE AVE.
ORLANDO FL 32824

Mailing Address

1519 PINE AVE.
ORLANDO FL 32824

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

COOK, JAMES R
6280 PERREGRINE CT.
ORLANDO FL 32820

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 P ☐ DELETE

NAME COOK, JAMES
STREET ADDRESS 6230 PERRIGRINE COURT
CITY-STATE-ZIP ORLANDO FL 32820

TITLE S ☐ DELETE

NAME COOK, CAROLYN
STREET ADDRESS 6935 N.W. LAKE GAGE
CITY-STATE-ZIP ANGOLA IN 46703

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

407-868-3030
Daytime Phone #

CR2E034 (5/99)

2
CNC Freda of Florida
a/k/a Precision Polymers, Inc.
1519 Pine Avenue
Orlando, FL 32824
(407) 888-3030

October 28, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Precision Polymers, Inc.
Ref. Number: P97000004835

To Whom it May Concern:

In response to your letter dated October 18, 1999, please be advised that with this letter I am requesting that the Department of State waive any late fees on our account and process our annual report for \$150.00.

I filed by Annual report timely however due to an error by my assistant it was mailed to the wrong address, which was ultimately returned to me. Then it was sent to the correct address with a check for \$206.00 instead of the \$150.00 fee, which was returned to me again. Then a new check was cut and mailed, which you just sent back to me again.

Please accept my report and my payment of \$150.00 enclosed. Thank you and should you need any additional information, please feel free to contact me.

Sincerely,


James Cook
President

enclosures