

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000058026 (0)**  
 1. Corporation Name  
**LIFETIME RECYCLED PLASTIC PRODUCTS, INC.**



Principal Place of Business <b>3494 S.W. 74TH AVE. OCALA FL 34477</b>	Mailing Address <b>P.O. BOX 770891 OCALA FL 34477-0891</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business <b>21</b> <i>OCALA FLORIDA</i> <b>3550 SW 74 AVE #BC</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country <b>25</b>	<b>2a.</b> Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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<b>3.</b> Date Incorporated or Qualified <b>07/01/1997</b>	<b>4.</b> FEI Number <b>59-3379423</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**  
**NEDELISKY, DARYL K ESQ.**  
**1650 NORTHWEST 39TH AVE.**  
**OCALA FL 34482**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>JOHN K. VAN FLEET</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>Lifetime Recycled Plastic Products, Inc</b>
<b>83</b>	<b>3550 SW 74 Ave #BC</b>
<b>84</b> City	<b>OCALA FL 85 Zip Code 34477</b>

**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]* DATE: **4/23/98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN FLEET, JOHN K</b>	
STREET ADDRESS	<b>10101 SOUTHWEST 73RD COURT</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN FLEET, KIMBERLY N</b>	
STREET ADDRESS	<b>10101 SOUTHWEST 73RD COURT</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHEL, JAMES</b>	
STREET ADDRESS	<b>9881 NORTHWEST 45TH AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34482</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>VID</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME		
<b>1.3</b> STREET ADDRESS		
<b>1.4</b> CITY-ST-ZIP		
<b>2.1</b> TITLE	<b>PID</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP		
<b>3.1</b> TITLE	<b>VID</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY-ST-ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> 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: *Kimberly N. Van Fleet* DATE: **4/22/98** **352-237-7177**

CR2E034 (10/97)