PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081841

1. Corporation Name

AGI PRESSURE SENSITIVE PRODUCTS, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90004 019 ***150.00

, tot , tte									
Principal Place	e of Business	Mailing Address							
4509 14TH ST., W., STE, 203 4509 14TH ST., W., STE, 203 BRADENTON FL 34207 BRADENTON FL 34207					-	DO NOT WRITE IN TH	S SPACE	=	
		,				3. Date Incorporated or Qualifed 09/22/1997			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21 26						65-0783466	Not Applicable		
Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat		City & State				6. Election Campaign Financing	\$5	.00 N	May Be
23		28				Trust Fund Contribution		lded to	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year I	ntangible		=
24	25	29	30			Personal Property Tax.	Yes	; [⊒No
,	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent		
				81	Name		•		
SWEENEY, CHRISTOPHER D 4509 14TH ST., W., STE. 203				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	DENTON FL 34207			83					_
	. •			84	City	F	85	Zip Co	ode
agent. I a SIGNATURE	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Stati	utes.		n's board of directors. I hereby accept the app			<u> </u>
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 11	TLE			☐ Ch	ange	Addition
NAME	SWEENEY, CHRISTOPHER D		1.2 N	AME					
STREET ADDRESS	4509 14TH ST., W., STE. 203		1.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34207		1.4 CI	ITY-ST-	ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				☐ Ch	ange	☐ Addition
NAME	DANNELS, WILLIAM		2.2 N	AME					
STREET ADDRESS	1500 AUTO AT 141 ATE 000		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34207		2.4 C	TY-ST	-ZIP				_
TITLE		☐ DELETE	3.1 TI	TLE	T	<u> </u>	Ch:	ange	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS]		3.3 S1	TREET	ADORESS				
CITY-ST-ZIP	1		3.4. C	ITY-ST	-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE	T		☐ Ch	ange	☐ Addition
NAME	[4.2 N	IAME					
STREET ADDRESS			4.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	ITY-ST-	ZIP				
7ITLE		☐ DELETE .	5.1 T	ΠLE			Ch	ange	Addition
NAME	(5.2 N	AME		-			
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 CI	ITY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI	ITLE			☐ Ch	ange	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS	1		6.3 S	TREET	ADDRESS				

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 of the receiver or trustee empowered to exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.4 CiTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP