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**PROFIT CORPORATION ANNUAL REPORT** 

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091958 (3)

RIVERSIDE PLASTICS, INC.

## FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1699 BEARDALL AVE., STE. 157 421 CLARK HILL ROAD SANFORD FL 32771 OSTEEN FL 32764 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1997 Principal Place of Business 2a. Mailing Address Applied For 3486119 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζίρ Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent CLARKE, ARTHUR L 1699 BEARDALL AVE., STE. 157 Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 63 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proted name of registered agent and their applicable (NOT): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change Addition TITLE 1.1 TITLE **CLARKE, ARTHUR L** NAME 1.2 NAME 421 CLARK HILL ROAD STREET ADDRESS 1.3 STREET ADDRESS **OSTEEN FL 32764** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CLARKE, MARY NAME 2.2 NAME **421 CLARK HILL ROAD** STREET ADDRESS 2.3 STREET ADDRESS OSTEEN FL 32784 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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 page an attachment with an address.

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