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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 19, 1999 8:00 am Secretary of State

05-19-1999 90027 007 ***300.00

DOCUMENT # 1. Corporation Name	P98000007843
---------------------------------	--------------

POLYLOC, INC.

ł		_			
Principal Plac	e of Business	Mailing Address			i 1884(1887 ins 1910) istin saint aditi sain dent ibrit ibrit Stan inn cen
178 ALT HWY. PALM HARBOR		178 ALT HWY. 19 SOUTH PALM HARBOR FL 34683			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					01/23/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For Not Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired Sea.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	<u>) </u>		Personal Property Tax.
	9. Name and Address of Curren	Registered Agent	81	Name	10. Name and Address of New Registered Agent
HOO	OVER, ROGER A		["	Name	
	ALT HWY. 19 SOUTH		82	Street Add	ress (P.O. Box Number is Not Acceptable)
	M HARBOR FL 34683		83	-	
1			84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	and 607 1508 Florida Statutes	the above	e-named corn	poration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State (of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accept the appointment as registered
ļ <u>-</u>	m familiar with, and accept the obligat	ions of, Section 607.0505, Fiorial	a Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Re	egistered Agen	t signature require	ed when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOOVER, ROGER A		1.2 NAME		
STREET ADDRESS	178 ALT HWY. 19 SOUTH		1.3 STREET	ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, DAVID		2.2 NAME		
STREET ADORESS	11904 APPALOOSA RUN E		2.3 STREET	ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27613		2. 4 CITY-S	T- ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .	HOOVER, GREGORY A		3.2 NAME		
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP	PALM HARBOR FL 34683	☐ DELETE	3.4. CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	DOWE E BILEV	TI ACTELE	4.1 TITLE		_] Griange Fudulon
NAME	ROWE, E. RILEY		4.2 NAME	ADDRESS	
STREET ADDRESS	519 WHITE OAK CIRCLE		4.3 STREET	l	
CITY-ST-ZIP	HARTSVILLE SC 29550	☐ DELETE	4.4 CITY-ST 5.1 TITLE	- 414	☐ Change ☐ Addition
NAME			5.2 NAME		

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 affactment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

Change

Addition