

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

P 2-12-97

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S11144 (0)

1. Corporation Name  
DIGECON PLASTICS INTERNATIONAL, INC.



Principal Place of Business  
9160 ROE STR  
ELLYSON INDUSTRIAL PARK  
PENSACOLA FL 32514  
US

Mailing Address  
9160 ROE STR  
ELLYSON INDUSTRIAL PARK  
PENSACOLA FL 32514-7031  
US

3. Date Incorporated or Qualified  
10/18/1990

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-3040392

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

BROWN, W. B  
9160 ROE ST  
ELLYSON INDUSTRIAL PARK  
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	
2. NAME	BROWN, W.B.	1.2 NAME	
3. STREET ADDRESS	8724 MEADOWBROOKE DR.	1.3 STREET ADDRESS	
4. CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
5. TITLE	STD	2.1 TITLE	
6. NAME	WARD, MARY C	2.2 NAME	
7. STREET ADDRESS	5437 ROWE TRAIL	2.3 STREET ADDRESS	
8. CITY - ST - ZIP	PACE FL	2.4 CITY - ST - ZIP	
9. TITLE		3.1 TITLE	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY - ST - ZIP		3.4 CITY - ST - ZIP	
13. TITLE		4.1 TITLE	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY - ST - ZIP		4.4 CITY - ST - ZIP	
17. TITLE		5.1 TITLE	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY - ST - ZIP		5.4 CITY - ST - ZIP	
21. TITLE		6.1 TITLE	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Mary C. Ward* *MARY C. WARD* 3-10-97 (904) 477-5483

CR2E034 (9/96)