# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S41228** **(5)**

1. Corporation Name
**FIRST COAST POLYMERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5901 WEST BEAVER STREET<br>JACKSONVILLE FL 32205 | 5901 WEST BEAVER STREET<br>JACKSONVILLE FL 32205 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip 32254 — 24 / Country — 25
Zip 32254 — 29 / Country — 30

4. FEI Number: 59-3051574 ☐ 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

9. Name and Address of Current Registered Agent

TAVARES, KATHY
5901 WEST BEAVER STREET
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DP | 11 TITLE | DP | ☑ Change ☐ Addition |
| NAME | TAVARES, JOE | 12 NAME | TAVARES, JOE | |
| STREET ADDRESS | 6265 ALFREDO DR. WEST | 13 STREET ADDRESS | 1563 MARBLE LAKE DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | JACKSONVILLE FL 32221 | |
| TITLE | ST | 21 TITLE | ST | ☐ Change ☐ Addition |
| NAME | TAVARES, KATHY | 22 NAME | TAVARES, KATHY | |
| STREET ADDRESS | 6265 ALFREDO DR., W. | 23 STREET ADDRESS | 1563 MARBLE LAKE DR | |
| CITY-ST-ZIP | JACKSONVILLE FL | 24 CITY-ST-ZIP | JACKSONVILLE FL 32221 | |
| TITLE | VP | 31 TITLE | VP | ☐ Change ☐ Addition |
| NAME | TAVARES, KATHY | 32 NAME | TAVARES, KATHY | |
| STREET ADDRESS | 6265 ALFREDO DRIVE WEST | 33 STREET ADDRESS | 1563 MARBLE LAKE DR | |
| CITY-ST-ZIP | JACKSONVILLE FL | 34 CITY-ST-ZIP | JACKSONVILLE FL 32221 | |
| TITLE | ST | 41 TITLE | | ☑ Change ☐ Addition |
| NAME | RUNNELS, SHELIA | 42 NAME | Delete | |
| STREET ADDRESS | 6254 ALFREDO DR. WEST | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Kathy A Tavares 4/26/95 904-786-0027
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHY A. TAVARES

0000612 CP