

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
 Jen Smith
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

94 JUL 12 PM 3: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S85655 (6)

1. Corporation Name
RECYCLED PLASTIC PRODUCTS, INC.

Mailing Address
**745 U.S. HIGHWAY ONE
SUITE 202
NORTH PALM BEACH FL 33408**

Principal Place of Business
**745 U.S. HIGHWAY ONE
SUITE 202
NORTH PALM BEACH FL 33408**

If above addresses are incorrect in any way, list through correct information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21 1111 LAKESHORE DR. B-4		2a. Principal Place of Business 26 1111 LAKESHORE DR.		3. Date Incorporated or Qualified 10/07/1991		3a. Date of Last Report 04/20/1993	
Suite, Apt. #, etc. 22 SUITE B-4		Suite, Apt. #, etc. 27 SUITE B-4		4. FEI Number 65-0286628		5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
City & State 23 EUSTIS FL		City & State 28 EUSTIS FL		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐		6. Election Campaign Finance/Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24 32726		Country 25		Zip 29 32726		Country 30	
9. Name and Address of Current Registered Agent GIBBINGS, THOMAS C. 745 U.S. HIGHWAY ONE SUITE 202 NORTH PALM BEACH FL 33408				10. Name and Address of New Registered Agent			

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1111 LAKESHORE DR.
83	SUITE B-4
84 City	EUSTIS FL
85 Zip Code	32726

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(If FEI: Registered Agent signature required also: printed name)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS (If any)	
11 TITLE	D/P	11 TITLE	
12 NAME	GIBBINGS, THOMAS C.	12 NAME	
13 STREET ADDRESS	745 US HWY ONE STE 202	13 STREET ADDRESS	
14 CITY, ST, ZIP	NORTH PALM BEACH FL	14 CITY, ST, ZIP	
21 TITLE	V/P	21 TITLE	
22 NAME	CARRIER, RICHARD	22 NAME	
23 STREET ADDRESS	13237 LAKE POINT BLVD.	23 STREET ADDRESS	
24 CITY, ST, ZIP	BELLEVEILLE MI	24 CITY, ST, ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY, ST, ZIP		34 CITY, ST, ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY, ST, ZIP		44 CITY, ST, ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is a true and correct statement of the facts and that the filing has been made in accordance with the provisions of the Florida Statutes. I further certify that I am an officer or director of the corporation or the person or persons authorized to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Thomas C. Gibbings
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

7-7-94 904 357-5576