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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V27598** **(4)**

1. Corporation Name
R. & L. PLASTICS, INC.

Principal Place of Business	Mailing Address
17341 ALICO CENTER ROAD UNIT D FORT MYERS FL 33912 US	17341 ALICO CENTER ROAD UNIT D FORT MYERS FL 33912 US

3. Date Incorporated or Qualified: 04/09/1992
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0319810 ☐ 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

MCCLELLAN, ERNEST
18341 ALICO CENTER ROAD
UNIT D
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: McClellan, Ernest
82 Street Address (P.O. Box Number is Not Acceptable): 17341 Alico Center Road
83: Unit D
84 City: Fort Myers **FL** 85 Zip Code: 33912

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: Ernest McClellan — DATE: 4-8-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLELLAN, ERNEST 4701 BALLARD RD #274 FORT MYERS FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLELLAN, ROBERT 6450 EASTWOOD ACRES RD FORT MYERS FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCLELLAN, JOHN 6450 EASTWOOD ACRES RD FORT MYERS FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P McClellan, Ernest 274 Poinsetta Drive Fort Myers, Fl. 33905	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S McClellan, Deborah 274 Poinsetta Drive Fort Myers, Fl. 33905	☐ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Ernest McClellan — 4-8-96 — 941-267-6401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #