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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V56894** **(1)**

1. Corporation Name
NELSON PLASTICS, INC.

Principal Place of Business	Mailing Address
1014 MILLER DR. ALTAMONTE SPRINGS FL 32701	1014 MILLER DR. ALTAMONTE SPRINGS FL 32701-2032

3. Date Incorporated or Qualified: 08/11/1992
3a. Date of Last Report: 03/19/1996

4. FEI Number: 59-3138637 ☐ 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	2a. Mailing Address
21 234 W. Marvin Ave	26 234 W. Marvin Ave
Suite, Apt. #, etc. 22 #100	Suite, Apt. #, etc 27 #100
City & State 23 Longwood, FL	City & State 28 Longwood, FL
Zip / Country 24 32750 / 25 Seminole	Zip / Country 29 32750 / 30 Seminole

9. Name and Address of Current Registered Agent

BRADFORD, RICHARD
311 ALTAMONTE BAY CLUB CIRCLE
STE. 203
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Bradford, Richard
82 Street Address (P.O. Box Number is Not Acceptable): 714 Florida Blvd.
83
84 City: Altamonte Springs FL 85 Zip Code: 32701

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	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BRADFORD, RICHARD	1.2 NAME	Bradford, Richard
STREET ADDRESS	311 ALTAMONTE BAY CLUB CIR., STE. 203	1.3 STREET ADDRESS	714 Florida Blvd
CITY-ST-ZIP	ALTMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [redacted] 2-28-97 407-339-3570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060603