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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sanors S. Morviam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 550334 (7)

1. Corporation Name  
**A.B.C. POLYMERS, INC.**

Principal Place of Business: 5682 EAST PONCE DE LEON DR. STONE MOUNTAIN GA 30083

Mailing Address: 5682 EAST PONCE DE LEON DR. STONE MOUNTAIN GA 30083

DO NOT WRITE IN THIS SPACE.

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)

9. Date Incorporated or Qualified: 10/19/1977

9a. Date of Last Report: 09/20/1994

4. FEI Number: 59-1769048

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: F & L CORP. 200 LAURA ST. JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 Zip Code (FL)

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

|                 |                    |
|-----------------|--------------------|
| TITLE           | P                  |
| NAME            | COX, RONALD D      |
| STREET ADDRESS  | 297 OLD ROSSER RD. |
| CITY - ST - ZIP | STONE MOUNTAIN GA  |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                          |                                                                              |
|---------------------|--------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | President                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | Beverly Cox              |                                                                              |
| 1.3 STREET ADDRESS  | 297 Old Rosser Road      |                                                                              |
| 1.4 CITY - ST - ZIP | Stone Mountain, GA 30087 |                                                                              |
| 2.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                          |                                                                              |
| 2.3 STREET ADDRESS  |                          |                                                                              |
| 2.4 CITY - ST - ZIP |                          |                                                                              |
| 3.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                          |                                                                              |
| 3.3 STREET ADDRESS  |                          |                                                                              |
| 3.4 CITY - ST - ZIP |                          |                                                                              |
| 4.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                          |                                                                              |
| 4.3 STREET ADDRESS  |                          |                                                                              |
| 4.4 CITY - ST - ZIP |                          |                                                                              |
| 5.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                          |                                                                              |
| 5.3 STREET ADDRESS  |                          |                                                                              |
| 5.4 CITY - ST - ZIP |                          |                                                                              |
| 6.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                          |                                                                              |
| 6.3 STREET ADDRESS  |                          |                                                                              |
| 6.4 CITY - ST - ZIP |                          |                                                                              |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Beverly Cox* 2/27/95 (404) 938-8336

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #