

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

APPROVED AND FILED

95 MAY -1 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janora B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004132 (6)**

AMERICAN BAGGING COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1995 ARMSTRONG MILL RD. FRANKLIN GA 30217-3750
Mailing Address: 1995 ARMSTRONG MILL RD. FRANKLIN GA 30217-3750

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/09/1994			
22		27		4. FID Number		Applied For	
				88-0269741		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301				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 607.0503, Florida Statutes.							

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
OFFICER	NAME	STREET ADDRESS	1. OFFICER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PCD WIGGINS, JOHN	1995 ARMSTRONG MILL RD. FRANKLIN GA	2. NAME		
	VD MADDOX, JIMMY	805 S DUNN EUPORIA MS	3. STREET ADDRESS		
	SD WIGGINS, RUBY	1995 ARMSTRONG MILL RD. FRANKLIN GA	4. CITY/STATE/ZIP		
	T MADDOX, MARILYN	804 S DUNN EUPORIA MS	5. OFFICER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			6. NAME		
			7. STREET ADDRESS		
			8. CITY/STATE/ZIP		
			9. OFFICER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			10. NAME		
			11. STREET ADDRESS		
			12. CITY/STATE/ZIP		
			13. OFFICER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			14. NAME		
			15. STREET ADDRESS		
			16. CITY/STATE/ZIP		

14. I hereby certify that the information supplied with this filing is accurately furnished and that, not only, but this corporation's state has been filed with Florida Statutes. I declare that the information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. The same has been filed with me and I have signed the same as officer or director. That I am an officer or director of the corporation at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes.

SIGNATURE: RUBY WIGGINS
SECRETARY OF STATE

4 5 95 1101 2nd St