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95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J31551** **(1)**

1. Corporation Name
MASTER PACKAGING, INC.

Principal Place of Business	Mailing Address
P.O.BOX 13445 (33681) 6932 SOUTH MANHATTAN AVENUE TAMPA FL 33616-1829	P.O.BOX 13445 (33681) 6932 SOUTH MANHATTAN AVENUE TAMPA FL 33616-1829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/29/1986	05/19/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) County (25) | Zip (29) County (30)

4. FEI Number **59-2720836** ☐ 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 F.S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

TURKEL, RICHARD M.
6932 SOUTH MANHATTAN AVENUE
TAMPA FL 33611

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City **FL** 95 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, date, and printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	TURKEL, RICHARD M.	12 NAME	
STREET ADDRESS	80 MARTINIQUE	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HOCK, REINHARD L.	22 NAME	
STREET ADDRESS	2402 S. TRASK	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	VS	31 TITLE	XX Change ☐ Addition
NAME	DINGLE, GREGORY D.	32 NAME	8721 Baycrest Lane
STREET ADDRESS	7301 BRIDGE CIRCLE #203	33 STREET ADDRESS	Tampa, FL 33615
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DICKENSHEET, ROLLIE	42 NAME	
STREET ADDRESS	3705 TYSON	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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, added or deleted.

SIGNATURE: Greg Dingle - V. P. Finance 4/26/95 (813) 837-1575
SIGNATURE & TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0303299 CF