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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

3. Date Incorporated or Qualified: 06/29/1986
3a. Date of Last Report: 05/01/1996

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: 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 s. 199.032, Florida Statutes ☒ 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

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURKEL, RICHARD M.		1.2 NAME		
STREET ADDRESS	80 MARTINIQUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOCK, REINHARD L.		2.2 NAME		
STREET ADDRESS	2402 S. TRASK		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE	VS	☒ Change ☐ Addition
NAME	DINGLE, GREGORY D.		3.2 NAME	DINGLE, GREGORY D.	
STREET ADDRESS	8721 BAYCREST LANE		3.3 STREET ADDRESS	7507 RUSTIC DRIVE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DICKENSHEET, ROLLIE		4.2 NAME		
STREET ADDRESS	3705 TYSON		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	EDWARDS, JAMES D.	
STREET ADDRESS			5.3 STREET ADDRESS	920 GOLF ISLAND DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	THOMPSON, JOHN	
STREET ADDRESS			6.3 STREET ADDRESS	8949 MAGNOLIA CHASE CIRCLE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMPA, FL 33647	

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 added in an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED GREGORY D. DINGLE 04/29/97 (813) 837-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #