

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

50 MAY - 1 PM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K42367** (8)

To: Corporation Name:

**ALLSTATE PACKAGING PRODUCTS, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1988** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2920147** Applicable 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**

7. This Corporation has liability for intangible tax under S. 119.035, Florida Statutes:  No  Yes

1. Principal Place of Business		2a. Mailing Address	
2548 30TH AVENUE NORTH 101 E KENNEDY BLVD #2500 ST. PETERSBURG FL 33713 US		P.O. BOX 60425 101 E KENNEDY BLVD #2500 ST. PETERSBURG FL 33784-0425 US	
21. Principal Place of Business	22. Mailing Address	23. State Apt. # etc.	24. City & State
21	22	23	24
25. State Apt. # etc.	26. City & State	27. State Apt. # etc.	28. City & State
25	26	27	28
29. City & State	30. City & State	31. State Apt. # etc.	32. City & State
29	30	31	32

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DARRELL C.  
101 E KENNEDY BLVD #2500  
#3140  
TAMPA FL 33602

B1. Name:	
B2. Street Address (P.O. Box Number is Not Applicable):	
B3. City:	
B4. State:	<b>FL</b>
B5. Zip Code:	

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.14(2), 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(c), Florida Statutes.

SIGNATURE

Name of Signer (Print Name of Signer) (Type Name of Signer)

Name of New Registered Agent (Print Name of Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS TO BE ENTERED ON THE STATE RECORDS	
12.1 NAME	DVT RENNER, KAREN J 2548 30TH AVENUE NORTH ST. PETERSBURG FL	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY & STATE		13.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	DPS RENNER, DARRELL A. 2548 30TH AVENUE NORTH ST. PETERSBURG FL	13.4 NAME	
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY & STATE		13.6 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY & STATE		13.9 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY & STATE		13.12 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(4)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. 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 of this report or as an addressee with an address.

SIGNATURE: *Darrell A Renner* **DARRELL A RENNER** 4-27-95 (813) 895-7676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR