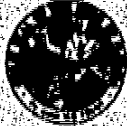


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28823** (3)

1. Corporation Name
KCL PACKAGING CORP. OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 629 SHELBYVILLE IN 46176 **PO BOX 629 SHELBYVILLE IN 46176**

3. Date Incorporated or Qualified **04/09/1990** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. Fil Number **35-1832267** 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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	STOLMEIER, ROBERT C.
STREET ADDRESS	2423 OVERLOOK
CITY-ST-ZIP	SHELBYVILLE IN
TITLE	SD
NAME	STOLMEIER, JUDITH D.
STREET ADDRESS	2423 OVERLOOK
CITY-ST-ZIP	SHELBYVILLE IN
TITLE	VT
NAME	THIEMAN, RONALD G.
STREET ADDRESS	325 WELLINGTON PARKWAY
CITY-ST-ZIP	NOBLESVILLE IN
TITLE	D
NAME	SWAN, D. BILLINGS
STREET ADDRESS	705 W. SIXTH ST.
CITY-ST-ZIP	SEYMOUR IN
TITLE	D
NAME	MANUELE, FRANK J.
STREET ADDRESS	7901 HEMSTEAD CIRCLE
CITY-ST-ZIP	HOBE SOUND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	46176
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	46176
3.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	46060
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	DELETE
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	DELETE
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	RICHARD J. ZURICH
6.4 CITY-ST-ZIP	2230 GRAHAM DRIVE SO. SHELBYVILLE, IN 46176

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 110.07(3)(b), 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, upon an attachment with an address.

SIGNATURE: *Ronald G. Thieman* **RONALD G. THIEMAN** 04/14/95 (317) 392-2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Layoff/Leave)

P28823

CORPORATION ANNUAL REPORT 1995
DOCUMENT #P28823
KCL PACKAGING CORP. OF FLORIDA, INC.

BOX 13
7.1 TITLE V CHANGE/ADDITION
7.2 NAME HANSON, ELROY J.
7.3 STREET ADDRESS 2153 VIA TIEMPO
7.4 CITY-ST-ZIP CARDIFF, CA 92007

8.1 TITLE V CHANGE/ADDITION
8.2 NAME GREENWELL, THOMAS W.
8.3 STREET ADDRESS 1345 BARCLAY DRIVE
8.4 CITY-ST-ZIP CARROLLTON, TX 75007

9.1 TITLE S CHANGE/ADDITION
9.2 NAME PULLIN, JUDY K.
9.3 STREET ADDRESS 714 EIGHTH STREET
9.4 CITY-ST-ZIP SHELBYVILLE, IN 46176