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**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28823 (3)
 1. Corporation Name
KCL PACKAGING CORP. OF FLORIDA, INC.



Principal Place of Business PO BOX 629 SHELBYVILLE IN 46176	Mailing Address PO BOX 629 SHELBYVILLE IN 46176-0629
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 04/02/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 35-1632267	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	STOLMEIER, ROBERT C.	
STREET ADDRESS	2423 OVERLOOK	
CITY - ST - ZIP	SHELBYVILLE IN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STOLMEIER, JUDITH D.	
STREET ADDRESS	2423 OVERLOOK	
CITY - ST - ZIP	SHELBYVILLE IN	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	THIEMAN, RONALD G.	
STREET ADDRESS	325 WELLINGTON PARKWAY	
CITY - ST - ZIP	NOBLESVILLE IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZURICH, RICHARD J.	
STREET ADDRESS	2230 GRAHAM DRIVE S.	
CITY - ST - ZIP	SHELBYVILLE IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V GREENWELL, THOMAS M.
5.3 STREET ADDRESS	2600 NORTHAVEN ROAD
5.4 CITY - ST - ZIP	DALLAS, TX
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ASST. S. PULLIN, JUDY K.
6.3 STREET ADDRESS	714 EIGHTH STREET
6.4 CITY - ST - ZIP	SHELBYVILLE, IN

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 on an attachment to an address.

SIGNATURE: *Sandra B. Mortham* 03/14/97 (317) 392-2521
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)