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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 18 PM 6:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04890 (2)
1. Corporation Name
FLORIDA PACKAGING CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1010 BILTMORE DR. NW
WINTER HAVEN FL 33881** **1010 BILTMORE DR. NW
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified **01/03/1992** 3a. Date of Last Report **04/01/1984**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

4. FEI Number **59-3088963** Applied For
Not Applicable

22. City & State 27. City & State

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

23. Zip 24. Country 28. Zip 30. Country

8. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BISHOP, EDISON B.
1010 BILTMORE DRIVE, N.W.
WINTER HAVEN FL 33881**

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

Separate typeset printed name of registered agent and title (applicant)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT**
NAME **OVERTON, PAMELA J**
STREET ADDRESS **5238 POST LN**
CITY ST ZIP **LAKELAND FL**

11 TITLE **DS** Change Addition
12 NAME **Overton, Pamela J.**
13 STREET ADDRESS **27 Freshwater Dr.**
14 CITY ST ZIP **Palm Harbor, Fl. 34684**

TITLE **V**
NAME **BISHOP, EDISON B**
STREET ADDRESS **1010 BILTMORE DRIVE, N.W.**
CITY ST ZIP **WINTER HAVEN FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **DS**
NAME **BISHOP, TERRY R**
STREET ADDRESS **9382 W WAUCHULA DR**
CITY ST ZIP **CRYSTAL RIVER FL**

31 TITLE **DPT** Change Addition
32 NAME **Bishop, Terry R.**
33 STREET ADDRESS **9382 W. Wauchula Dr.**
34 CITY ST ZIP **Crystal River, Fl. 32629**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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)(b), Florida Statutes. I further certify that the information included 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 with address.

SIGNATURE: **EDISON B. BISHOP** *Edison B. Bishop* **4/13/95** **813-967-1244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #