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0432756

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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90242 026 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V04890**  
 1. Corporation Name  
**FLORIDA PACKAGING CONSULTANTS, INC.**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business / 2a. Mailing Address  
 21 9382 W. Wauchula Dr. / 26 Same  
 22 Suite, Apt. #, etc. / 27 Suite, Apt. #, etc.  
 23 City & State: Crystal River, FL / 28 City & State  
 24 Zip: 34428 / 25 Country: US / 29 Zip / 30 Country

3. Date Incorporated or Qualified: 01/03/1992  
 4. FEI Number: 59-3098963 / 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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
 BISHOP, EDISON B.  
 1010 BILTMORE DRIVE, N.W.  
 WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent  
 81 Name: BISHOP, TERRY R.  
 82 Street Address (P.O. Box Number is Not Acceptable): 9382 W. Wauchula Drive  
 83  
 84 City: Crystal River FL 85 Zip Code: 34428

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: *Edison Bishop* EDISON BISHOP DATE: 4-27-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	OVERTON, PAMELA J	
STREET ADDRESS	27 FRESHWATER DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, EDISON B	
STREET ADDRESS	1010 BILTMORE DRIVE, N.W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, TERRY R	
STREET ADDRESS	9382 W WAUCHULA DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BISHOP, TERRY R.	
1.3 STREET ADDRESS	9382 W. Wauchula Dr.	
1.4 CITY-ST-ZIP	Crystal River, FL 34428	
2.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BISHOP, JANET A.	
2.3 STREET ADDRESS	9382 W. Wauchula Dr.	
2.4 CITY-ST-ZIP	Crystal River, FL 34428	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 with an address, with all other like empowered.

SIGNATURE: *Terry Bishop* DATE: 4-27-99 DAYTIME PHONE #: 352-795-9336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)