## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **V45158**

1. Corporation Name

HUNTING PACKAGING MACHINERY, INC.

| Principal Place of Business                   |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| 5001 ORANGE GROVE WAY<br>PALM HARBOR FL 34684 |  |  |  |  |  |  |  |  |

Suite, Apt. #, etc.

21

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

5001 ORANGE GROVE WAY PALM HARBOR FL 34684

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90126 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

06/22/1992 4. FEI Number

16-1347959

| 22  |  | 27         |                            |                         |                    |                |  | Fee Re        | equirea       |  |
|---|--|------------|----------------------------|-------------------------|--------------------|----------------|--|---------------|---------------|--|
| City & State  | 96 - 1971                                |            | City & State               | -                       |                    | : :            | 6 Election Campaign Financing                          | \$5.00        | May-Be        |  |
| 23  |  | 28         |                            |                         |                    |                | Trust Fund Contribution                                | Added         | to Fees       |  |
| Zip   | Country                                  |            | Zip                        | Country                 | y                  |                | 8. This corporation owes the current year Inta         | ngible        |               |  |
| 24  | 25                                       | 29         | 3                          | 0                       |                    |                | Personal Property Tax.                                 | ☐ Yes         | <b>X</b> No   |  |
| 9. Name and Address of Current Registered Agent   |  |            |                            |                         |                    |                | 10. Name and Address of New Registered Agent           |               |               |  |
|   |  |            |                            | 81                      | ıŢ                 | Name           |  |               |               |  |
| Hunting, C. Dennis  |  |            |                            |                         | +                  | Ohrand Andria  | es (D.O. Bey Number is Not Assentable)                 |               |               |  |
| 5001 ORANGE GROVE WAY   |  |            |                            |                         | 2                  | Street Addre   | ss (P.O. Box Number is Not Acceptable)                 |               |               |  |
| PALM HARBOR FL 34684  |  |            |                            |                         | 3                  |                |  |               |               |  |
|   |  |            |                            |                         | $\perp$            |                |  | , ,           |               |  |
|   |  |            |                            | 84                      | 4                  | City           | FL   | 85 Zip        | Code          |  |
| 44 8  |  | 3 - 4 00   | 7.4500 Florido Caracido    | the show                |                    | named as ma    | . <del></del>  | hanging its   | registered    |  |
| 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 ai   | m familiar with, and accept the obligat  | ions of,   | Section 607.0505, Florid   | la Statutes             | S.                 | •              |  |               | 1             |  |
| SIGNATURE (NOTE: Registered Agent signature when rejustation) OATE  |  |            |                            |                         |                    |                |  |               |               |  |
| Signature, typed of printed name or registered agent and use in approximity. (NOTE: 10900000 florit signature requirements)   |  |            |                            |                         |                    |                |  |               |               |  |
| 12.   | OFFICERS AND DIRECTORS                   |            |                            |                         | 13.                |                | ADDITIONS/CHANGES TO OFFICERS AND                      | ☐ Change      | Addition      |  |
| TITLE   | P  |            |                            |                         | 1.1 TITLE          |                |  | □ Change      | ☐ Addition    |  |
| NAME.   | Hunting, C. Dennis                       |            |                            | 1.2 NAME                |                    | İ              |  |               | ļ             |  |
| STREET ADDRESS  | ss 5001 ORANGE GROVE WAY                 |            |                            |                         | 1.3 STREET ADDRESS |                |  |               | 1             |  |
| CITY-ST-ZIP   | PALM HARBOR FL                           |            |                            |                         | 1.4 CITY-ST-ZIP    |                |  |               |               |  |
| TITLE   | VP □ DELETE                              |            |                            |                         | 2.1 TITLE          |                |  | Change        | Addition      |  |
| NAME  | HUNTING, SHERYL A.                       |            |                            | 2.2 NAME                |                    |                |  |               |               |  |
| STREET ADDRESS  | 5001 ORANGE GROVE WAY                    |            |                            | 2.3 STREE               | ETA                | ODRESS         |  |               |               |  |
| CITY-ST-ZIP   | PALM HARBOR FL                           |            |                            | 2.4 CITY-               | ·ST-               | .ZIP           |  |               | ļ             |  |
| TITLE -   |  |            | - DELETE-                  | 3.1 TITLE               |                    |                |  | . Change      | _[_] Addition |  |
| NAME  |  |            |                            | 3.2 NAME                |                    | ĺ              |  |               |               |  |
| STREET ADDRESS  |  |            |                            | 3.3 STREE               | ET A               | DORESS         |  |               | Y             |  |
|   |  |            |                            | 3.4. CITY-              |                    |                |  |               |               |  |
| CITY-ST-ZIP TITLE   |  |            | ☐ DELETE                   | 4.1 TITLE               |                    | ZII -          |  | Change        | ☐ Addition    |  |
| NAME  |  |            |                            | 4. 2 NAME               |                    |                |  | _ •           | -             |  |
|   |  |            |                            | 4.3 STREE               |                    | ODDECC         |  |               | ļ             |  |
| STREET ADDRESS  |  |            |                            | 1                       |                    |                |  |               |               |  |
| CITY-ST-ZIP   | rates a section                          |            | ☐ DELETE                   | 4.4 CITY-S<br>5.1 TITLE |                    | <u> </u>       |  | Change        | Addition      |  |
|   | 15                                       |            |                            | 5.1 TILE                |                    |                | •  | تـو۰          |               |  |
| NAME  |  |            |                            |                         |                    | DDDCCC         |  |               | ļ             |  |
| STREET ADDRESS  |  |            |                            | 5.3 STREE               |                    |                |  |               |               |  |
| CITY-ST-ZIP   |  |            |                            | 5.4 C/TY-5              |                    | ZIP            | -  | C) Ck         | [ ] A JJ:21   |  |
| TITLE   |  |            | ☐ DELETE                   | 6.1 TITLE               |                    |                |  | Change        | Addition      |  |
| NAME  |  |            |                            | 6.2 NAME                |                    |                |  |               | }             |  |
| STREET ADDRESS  |  |            |                            | 6.3 STREE               | ETA                | (DDRESS        |  |               |               |  |
| CITY-ST-ZIP   |  |            |                            | 6.4 CITY-5              |                    |                |  |               |               |  |
| 14. I hereby o  | ertify that the information supplied wit | h this fil | ing does not qualify for t | he exemp                | otio               | n stated in Se | ection 119.07(3)(i), Florida Statutes. I further certi | fy that the i | nformation    |  |

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: