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 MAR 21 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 248266 (9)

1. Corporation Name
RUSKIN PACKAGING INC

Principal Place of Business	Mailing Address
2801 E. HILLSBOROUGH P O BOX 11795 TAMPA FL 33680	2801 E. HILLSBOROUGH P O BOX 11795 TAMPA FL 33680

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1961
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-0932444 ☐ 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

GARCIA,ANDREW
910 N.W. 22ND ST.
MIAMI FL 33127

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1	☐ Change ☐ Addition
NAME	TEAGUE, WENDELL	1.2	
STREET ADDRESS	637 S. ALVERHILLS DR.	1.3	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4	
TITLE	V	2.1	☐ Change ☐ Addition
NAME	GARCIA, ERNEST	2.2	
STREET ADDRESS	1506 PARK LANE	2.3	
CITY-ST-ZIP	TAMPA, FL 00000	2.4	
TITLE	V	3.1	☐ Change ☐ Addition
NAME	CREWS, WILLIAM B	3.2	
STREET ADDRESS	2801 E HILLSBOROUGH	3.3	
CITY-ST-ZIP	TAMPA, FL 00000	3.4	
TITLE	S	4.1	☐ Change ☐ Addition
NAME	GARCIA, ANDREW	4.2	
STREET ADDRESS	910 NW 22ND STREET	4.3	
CITY-ST-ZIP	MIAMI, FL 00000	4.4	
TITLE		5.1	☐ Change ☐ Addition
NAME		5.2	
STREET ADDRESS		5.3	
CITY-ST-ZIP		5.4	
TITLE		6.1	☐ Change ☐ Addition
NAME		6.2	
STREET ADDRESS		6.3	
CITY-ST-ZIP		6.4	

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)(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.

SIGNATURE: _____ 3/10/95 813-236-5536
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0444372 FP