## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

248266

(9)

P O BOX 11795

**DOCUMENT #** 

P O BOX 11795

**RUSKIN PACKAGING INC** 

Principal Place of Business	Mailing Address	
2801 E. HILLSBOROUGH	2801 E. HILLSBOROUGH	

A SOCIAL CIGAL CIGAL COMO MACIO CIGAS SIN CACAL CACAL CIGAL CACAL CACAL CACAL

IDMID IE	33680	TAMPA FL 336	BU					
						3. Date Incorporated or Qualified 06/12/1961	3a. Date of La 03/2	st Report 1/1995
ղ ՝ ⊢		2a. Mailing Address 26	¬ ~ ~			<b>                                    </b>		Applied For Not Applicable
Suite, Apt. #	Suite, Apt. #, etc		Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
Orty & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
₹1 - Zφ	Country	Zip	Cox	untry		Trust Fund Contribution	^	dded to Fees
i]	25	29	30	O. IC. y		8. This corporation has liability for in Florida Statutes		ers 199.032,
.1	9. Name and Address of Currer		100,	T		10. Name and Address of New Re		<del> </del>
		——————————————————————————————————————	*	81	Name			
GARCIA, ANDREW								
910 N.\	W. 22ND ST.			82 Street Add		dress (P.O. Box Number is Not Acceptable)		
MIAMI	FL 33127			83				
				84	City		FI  85	Zip Code
1. Pursuant to	the provisions of Sections 607.0502	2 and 607.1508, Florida S	tatutes, the abo	LL. ove-r	amed corpora	tion submits this statement for the purp	nose of changing	its registered office
or registere	ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	ida. Such chance was aut	horized by the	corp	oration's board	of directors. I hereby accept the appoint	intment as regist	ered agent. I am
GNATURE	Migristric typed or printed rish not registered agen	t and title if applicable	(NOTE: Registered	d Agen	t signature required i	when reinstating)	DATE	
2.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS IN 12
LF	PT	DELETE	1, 1 1	TITLE			Cria	
AME	TEAGUE, WENDELL		1.2 N	IAME				
TRLE : ACIDRESS	637 S. ALVERHILLS DR.				ADDRESS			
iiY S1-ZP	TEMPLE TERRACE FL		140	) ] Y - S	I - 71P			
TLE	V	[] DELETE					☐ Cha	nge 🔲 Addition
AME	GARCIA, ERNEST	_		18425			<b>—</b>	
			■ 22N					
	1506 PARK LANE		22N		ADDRESS			
IHEFT ADDRESS	*		235	TREET	ADDRESS			
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THEFT ADDRESS "TY-S"-76" TEF	1506 PARK LANE TAMPA, FL 00000 V	☐ DELETE	23S 24C 3.11	STREET CITY - S TITLE			☐ Cha	nge Addition
THEFT ADDRESS  ITY - ST - 712  THE	1506 PARK LANE TAMPA, FL 00000 V CREWS, WILLIAM B	☐ DELETE	23 S 24 C 3.11 3.2 N	STREET CITY - S' TITLE IAME	T-ZIP		☐ Cha	nge 🔲 Addition
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Ido 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)(k), 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 eath, 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 cyringed, or on an attachment with an address.

GNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

SIGNATURE: