

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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90004 004 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 248266

1. Corporation Name  
**RUSKIN PACKAGING INC**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 26 910 N.W. 22nd Street  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28 Miami, FL  
 Zip Country Zip Country  
 24 25 29 30 33127 U.S.A.

3. Date Incorporated or Qualified  
 06/12/1961  
 4. FEI Number Applied For  
 59-0932444 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

10. Name and Address of New Registered Agent

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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

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

12. OFFICERS AND DIRECTORS	
TITLE PT NAME TEAGUE, WENDELL STREET ADDRESS 637 S. ALVERHILLS DR. CITY-ST-ZIP TEMPLE TERRACE FL	<input checked="" type="checkbox"/> DELETE
TITLE V NAME GARCIA, ERNEST STREET ADDRESS 1506 PARK LANE CITY-ST-ZIP TAMPA, FL 00000	<input type="checkbox"/> DELETE
TITLE V NAME CREWS, WILLIAM B STREET ADDRESS 2801 E HILLSBOROUGH CITY-ST-ZIP TAMPA, FL 00000	<input checked="" type="checkbox"/> DELETE
TITLE S NAME GARCIA, ANDREW STREET ADDRESS 910 NW 22ND STREET CITY-ST-ZIP MIAMI, FL 00000	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT 1.2 NAME ANDREW GARCIA, JR. 1.3 STREET ADDRESS 910 N.W. 22nd Street 1.4 CITY-ST-ZIP Miami, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE VICE PRESIDENT 2.2 NAME ERNEST GARCIA 2.3 STREET ADDRESS 2801 E. Hillsboro 2.4 CITY-ST-ZIP Tampa, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE VICE PRESIDENT 3.2 NAME ERNEST GARCIA, JR. 3.3 STREET ADDRESS 2801 E. Hillsboro 3.4 CITY-ST-ZIP Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE VICE PRESIDENT 4.2 NAME ANDREW GARCIA, III 4.3 STREET ADDRESS 910 N.W. 22nd Street 4.4 CITY-ST-ZIP Miami, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE HONORARY CHAIRMAN 5.2 NAME W.B. CREWS 5.3 STREET ADDRESS 2801 E. Hillsboro 5.4 CITY-ST-ZIP Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE SECRETARY/TREASURER 6.2 NAME ALBERT NIETO 6.3 STREET ADDRESS 2801 E. Hillboro 6.4 CITY-ST-ZIP Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Feb 99 (305) 3240546  
 Date Daytime Phone #

CR2E034 (1/198)