

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-09-1999 90004 004 ***158.75

DOCUMENT # 248266

1. Corporation Name

RUSKIN PACKAGING INC

Principal Place of Business

2801 E. HILLSBOROUGH
P O BOX 11795
TAMPA FL 33680

Mailing Address

2801 E. HILLSBOROUGH
P O BOX 11795
TAMPA FL 33680



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1961

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 owes the current year Intangible
Personal Property Tax.

☒

Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

910 N.W. 22nd Street

27

Suite, Apt. #, etc.

28

City & State

29

Miami, FL

30

Zip

Country

31

U.S.A.

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

81 Name

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

83

84 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

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	<input checked="" type="checkbox"/> DELETE
NAME	TEAGUE, WENDELL	
STREET ADDRESS	637 S. ALVERHILLS DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARCIA, ERNEST	
STREET ADDRESS	1506 PARK LANE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CREWS, WILLIAM B	
STREET ADDRESS	2801 E HILLSBOROUGH	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, ANDREW	
STREET ADDRESS	910 NW 22ND STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREW GARCIA, JR.	
1.3 STREET ADDRESS	910 N.W. 22nd Street	
1.4 CITY-ST-ZIP	Miami, FL 33127	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ERNEST GARCIA	
2.3 STREET ADDRESS	2801 E. Hillsboro	
2.4 CITY-ST-ZIP	Tampa, FL 33610	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ERNEST GARCIA, JR.	
3.3 STREET ADDRESS	2801 E. Hillsboro	
3.4 CITY-ST-ZIP	Tampa, FL 33610	
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDREW GARCIA, III	
4.3 STREET ADDRESS	910 N.W. 22nd Street	
4.4 CITY-ST-ZIP	Miami, FL 33127	
5.1 TITLE	HONORARY CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	W.B. CREWS	
5.3 STREET ADDRESS	2801 E. Hillsboro	
5.4 CITY-ST-ZIP	Tampa, FL 33610	
6.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ALBERT NIETO	
6.3 STREET ADDRESS	2801 E. Hillboro	
6.4 CITY-ST-ZIP	Tampa, FL 33610	

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:

Andrew Garcia, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Feb 99 (305) 3240546
Date Daytime Phone #

CR2E034 (11/98)