

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 364752 (6)

1. Corporation Name

PACKAGING SYSTEMS CORPORATION



Principal Place of Business

706 I WEST PARK AVE  
EDGEWATER FL 32132  
US

Mailing Address

P O BOX 400  
NEW SMYRNA BEACH FL 32170  
US

3. Date Incorporated or Qualified

05/28/1970

3a. Date of Last Report

04/13/1995

4. FEI Number

71-0408922

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS FRED R  
706 I WEST PARK AVE  
EDGEWATER FL 32132

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 individual agent, and address of agent

Signature, typed or printed name of registered agent, and address of agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DCS  
EVANS FRED R  
706 I WEST PARK AVE  
EDGEWATER FL

TITLE ☐ DELETE

NAME  
PD  
EVANS MARY  
706 I WEST PARK AVE  
EDGEWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

65 TITLE

66 NAME

67 STREET ADDRESS

68 CITY-ST-ZIP

69 TITLE

70 NAME

71 STREET ADDRESS

72 CITY-ST-ZIP

73 TITLE

74 NAME

75 STREET ADDRESS

76 CITY-ST-ZIP

77 TITLE

78 NAME

79 STREET ADDRESS

80 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED R EVANS

4/22/96 904-4237405

CR2E034 (12/95)