

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
WANDA P. BAKER, JR.  
Secretary of State  
1995

APPROVED  
AND  
FILED

DOCUMENT # **388240** (4)

1. Corporation Name

**BLENDPAC INTERNATIONAL CORPORATION**

10 MAY 11 AM '95

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **8536 POSEY ROAD JACKSONVILLE FL 32220-2360**  
Mailing Address: **8536 POSEY ROAD JACKSONVILLE FL 32220-2360**

DO NOT WRITE IN THIS SPACE

3. Filing Date of Last Report	3b. Date of Last Report
<b>09/13/1971</b>	<b>04/25/1994</b>
4. FIC Number	Applied For
<b>59-1385678</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Director Campaign Financing / Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

21. Principal Place of Business	26. Mailing Address
22. State of Incorporation	27. State of Report
23. City & Zip	28. City & State
24. County	29. County
30. Zip	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
<b>MARTINEZ, ROBERT J. 548 E COMMERCIAL BLVD. FORT LAUDERDALE FL 33307</b>	<table border="1"> <tr> <td>B1. Name</td> <td></td> </tr> <tr> <td>B2. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3. City</td> <td></td> </tr> <tr> <td>B4. State</td> <td><b>FL</b></td> </tr> <tr> <td>B5. Zip Code</td> <td></td> </tr> </table>	B1. Name		B2. Street Address (P.O. Box Number is Not Acceptable)		B3. City		B4. State	<b>FL</b>	B5. Zip Code	
B1. Name											
B2. Street Address (P.O. Box Number is Not Acceptable)											
B3. City											
B4. State	<b>FL</b>										
B5. Zip Code											

11. I, the undersigned, the president or secretary of the corporation, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and I am an officer or director of the corporation at the time of filing this report, and I accept the obligations of a registered agent under Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	<b>TD MARTINEZ, PATRICIA C. 8536 POSEY RD. JACKSONVILLE FL</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
ADDRESS	<b>D MARTINEZ, ROBERT J. 548 E COMMERCIAL BLVD. FORT LAUDERDALE FL</b>	ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME	<b>PD 5 MARTINEZ, RALPH J. 8536 POSEY RD. JACKSONVILLE FL</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
ADDRESS		ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
ADDRESS		ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res
ADDRESS		ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add/Res

14. I, the undersigned, certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(1)(b), Florida Statutes. I further certify that the information included 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 in person with that I am an officer or director of the corporation at the time of filing this report, and I accept the obligations of a registered agent under Florida Statutes, and that my name appears in Block 12 or Block 13 of a newspaper or an attachment with an address.

SIGNATURE: *Patricia C. Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR

5/8/95 904-786-4373