FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:44

DOCUMENT # 398993 (6)

1. Corporation Name
CORRUGATED PACKAGING, INC.

Principal Place of Business	Mailing Address
1683 CATTLEMEN RD. SARASOTA FL 34232	1683 CATTLEMEN RD. SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1972
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1390887 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip / Country — 24 / 25 / 29 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIEGEL, MARK
240 N WASHINGTON BLVD
SARASOTA FL 34236

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 _____ DATE
Signature, typed or printed name of individual signing and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☒ Change ☐ Addition
NAME	SIEGEL, RUTH LILA	12 NAME	
STREET ADDRESS	1647 SHORELAND DR	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA, FL 00000	14 CITY ST ZIP	34239
TITLE	VD	21 TITLE	☐ Change ☒ Addition
NAME	SIEGEL, MARK	22 NAME	
STREET ADDRESS	11 SUNSET DR #802	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	34236
TITLE	VD	31 TITLE	☐ Change ☒ Addition
NAME	GREENBAUM, ANDREA	32 NAME	
STREET ADDRESS	38105 VIA FORTUNA	33 STREET ADDRESS	
CITY ST ZIP	PALM SPRINGS CA	34 CITY ST ZIP	92264
TITLE	PD	41 TITLE	☒ Change ☐ Addition
NAME	SIEGEL, NORMAN	42 NAME	
STREET ADDRESS	1647 SHORELAND DR	43 STREET ADDRESS	
CITY ST ZIP	SARASOTA, FL 00000	44 CITY ST ZIP	34239
TITLE	VD	51 TITLE	☒ Change ☐ Addition
NAME	COYLE, SANDRA	52 NAME	
STREET ADDRESS	5223 INDIAN MOUND ST.	53 STREET ADDRESS	
CITY ST ZIP	SARASOTA, FL 00000	54 CITY ST ZIP	34232
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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)(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 13 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Norman Siegel NORMAN SIEGEL 1.9.95 (813) 371-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340262 CP