| CORRUGATED PACKAGING, INC. | PROF CORPORA ANNUAL RI 1999 | ATION EPORT | | FLORIDA DEF Kathe Secre | ARTMENT OF STA prine Harris tary of State F CORPORATIONS | FILED Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90049 003 ***150.00 |
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| S. Name and Address of Current Registered Agent SECEL, MARK 240 N WASHINGTON BLVD SARASOTA FL 34238 B City FL City FL City FL City FL City FL City Cit | Zip | | | | <u> </u> | 8. This corporation owes the current year Intangible |
| STECEL MARK 1 Name 240 N WASHINGTON BLVD 240 NWASHINGTON BLVD 27 SARASOTA FL 34238 28 137 Pursuant to the provisions of Sections 607/0502 and 607 1508, Florida Statute: The above damined corporation submits this statement for the purpose of changing its registered agent. and mained the objective tectors. Interesty accept the objections of Section 607/0505, Florida Statute: The above damined corporation submits this statement for the purpose of changing its registered agent. and mained its of registered agent. and main agent. and mained its of registered agent. andotexis. Strape S | 9. Nam | | rent Registered | Agent | | 10. Name and Address of New Registered Agent |
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| dicated on this annual report or 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 ficer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. | INATURE Signature, type INATURE Signature, type T ADDRESS 2228 OR ST-ZIP SARASO PD SIEGEL, 3085 GR, ST-ZIP SARASO VD GREENB/ T ADDRESS 38105 VI/ PALM SP CD SIEGEL, N CD SIEGEL, N 1 ADDRESS 2228 OR T-ZIP SARASOT ADDRESS 1647 SHO SARASOT ADDRESS -ZIP hereby certify that the dicated on this annual PC SARASOT | d or printed name of registered a OFFICERS / RUTH LILA IOLE DR TA, FL 00000 MARK AFTON STREET TA FL AUM, ANDREA AFORTUNA FORTUNA RINGS CA NORMAN OLE DR A, FL 00000 ANDRA IRELAND DR A, FL 00000 | gations of, Section regent and title if applicable AND DIRECTORS | n 607.0505, Flor | as, the above-named thorized by the corp ida Statutes. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP e exemption stated is e agd that my signature | I corporation submits this statement for the purpose of changing its registered looration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ☐ Addition 342.39 Addition 52222 Addition 52222 Addition 9222 Addition 9222 Addition 9222 Addition 9222 Addition 9222 Addition 9222 Addition 9222 Addition 342.39 Change ☐ Addition 342.39 Change ☐ Addition 342.39 Change ☐ Addition 342.39 Change ☐ Addition 342.39 Change ☐ Addition 342.39 |