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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 454113 (2)

1. Corporation Name
A-B-C PACKAGING MACHINE CORPORATION



Principal Place of Business Mailing Address
811 LIVE OAK ST. 811 LIVE OAK ST.
TARPON SPRINGS FL 34689-4137 TARPON SPRINGS FL 34689-4137
US US

3. Date Incorporated or Qualified **06/04/1974** 3a. Date of Last Report **06/24/1996**
 4. FEI Number **59-0781810** 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 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEAL, JAMES L.
~~**BARNETT PLAZA**~~
811 LIVE OAK STREET
TARPON SPRINGS FL 34689

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 the filer, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	NEAL, JAMES L	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEAL, HELEN M.	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NEAL, AUDREY E.	
STREET ADDRESS	811 LIVE OAK ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JURGENSEN, MICHAEL A	
STREET ADDRESS	811 LIVE OAK STREET	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	REICHERT, DONALD	
STREET ADDRESS	811 LIVE OAK ST.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REICHERT, MARK	
STREET ADDRESS	811 LIVE OAK STREET	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REICHERT, MICHAEL	
1.3 STREET ADDRESS	811 LIVE OAK STREET	
1.4 CITY-ST-ZIP	TARPON SPRINGS FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Michael A. Jurgensen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. JURGENSEN, T.

3-20-97 (813) 937-5144
 Date Day, mo, Yr one #

CR2E034 (9/96)