

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 454113 (2)
 1. Corporation Name
A-B-C PACKAGING MACHINE CORPORATION



Principal Place of Business 811 LIVE OAK ST. TARPON SPRINGS FL 34689-4137 US	Mailing Address 811 LIVE OAK ST. TARPON SPRINGS FL 34689-4137 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/04/1974	
4. FEI Number 59-0781810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NEAL, JAMES L.
 811 LIVE OAK ST
 TARPON SPRINGS FL 34689**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEAL, JAMES L.	1.2 NAME	REICHERT, MICHAEL
STREET ADDRESS	811 LIVE OAK ST	1.3 STREET ADDRESS	811 LIVE OAK STREET
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, HELEN M.	2.2 NAME	
STREET ADDRESS	811 LIVE OAK ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, AUDREY E.	3.2 NAME	
STREET ADDRESS	811 LIVE OAK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURGENSEN, MICHAEL A	4.2 NAME	
STREET ADDRESS	811 LIVE OAK STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHERT, DONALD	5.2 NAME	
STREET ADDRESS	811 LIVE OAK ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHERT, MARK	6.2 NAME	
STREET ADDRESS	811 LIVE OAK STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	

14. I 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* **MICHAEL A. JURGENSEN, T.**
 3-18-98 (813) 937-5144

CR2E034 (10/97)