

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 11 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 # 542878 (4)

1. Corporation Name

MCDOWELL INTERNATIONAL PACKAGING SYSTEMS, INCORPORATED

Principal Place of Business

Mailing Address

5505 CARDER RD  
ORLANDO FL 32810

5505 CARDER RD  
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/12/1977

06/11/1996

4. FEI Number

Applied For

59-1757166

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDOWELL, JAMES E  
1762 FAIRVIEW SHORES  
ORLANDO FL

81 Name

SHIVLEY, Marcus H

82 Street Address (P.O. Box Number is Not Acceptable)

5505 CARDER ROAD

83

84 City

ORLANDO

FL

85 Zip Code

32810

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/24/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME MCDOWELL, JAMES E.  
STREET ADDRESS 1762 FAIRVIEW SHORES DR.  
CITY-ST-ZIP ORLANDO FL  
☒ DELETE

TITLE VD  
NAME OGLESBY, GEORGE W  
STREET ADDRESS 1635 LAKE CHARM DRIVE  
CITY-ST-ZIP OVEIDO FL  
☐ DELETE

TITLE S  
NAME MCDOWELL, LINDA F.  
STREET ADDRESS 1415 LAKE SHORE DR.  
CITY-ST-ZIP CASSELBERRY FL  
☒ DELETE

TITLE O  
NAME Tom Bergamo  
STREET ADDRESS 5505 CARDER ROAD  
CITY-ST-ZIP ORLANDO FL 32810  
☐ DELETE

TITLE O  
NAME Jonathan Funga  
STREET ADDRESS 5505 CARDER ROAD  
CITY-ST-ZIP ORLANDO FL 32810  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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  
4.4 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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

7/24/97  
DATE

CR2E034 (497)