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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 542878

1. Corporation Name

MCDOWELL INTERNATIONAL PACKAGING SYSTEMS, INCORP

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90019 012 ***150.00



Principal Place	e of Business	Mailing Address			1 100101 0111 01310 11801 1811 13001 1011	m. q. ; Q ; Q ; ; Q ; ;	*** ***** ***** (**)
5505 CARDER I		5505 CARDER RD			1		
ORLANDO FL 32810					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
•					08/12/1977		
2. Principal Pl	lace of Business	2a. Mailing Address	V		4. FEI Number	→	Applied For
21 /0 5 0	MILLER DRIVE		EL [RIVE	59-1757166		Not Applicable
Suite, Apt.	#, etc.	Selite, Apt. #, etc.			5. Certifcate of Status Desired	Fee	5 Additional Required
City & State	WONTE SPRINGS, FL	City & State 28 HITAMONTE ST	engs	, FC	6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Žip	Country	Zip	Countrý		8. This corporation owes the current ye		(TN-
24 752	/O 25	29 3,270/ 3	0		Personal Property Tax.	☐ Yes	□No
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regist	erea Ayent	
SHIV	ELEY, MARCUS H		82				
5505 CARDER AD				Street Addr	ress (P.O. Box Number is Not Acceptable)		
l .	ANDO FL 32810 -		83	1050	5 MILLEL DR		
			84	14 A	LIEUTE SPRINGE	FL 85 2	ip Code 2.2.70/
44 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the abov	e-named com	oration submits this statement for the purpo	se of changing	its registered
l office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autr	iorizea by	the corporation	on's board of directors. I hereby accept the	appointment as	registered
l -	m lamillar with, and accept the obligat	ions of, Section 601.0303, Florid	a Otalules	•			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE, Re	egistered Age	nt signature require	d when reinstating) DA	TE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DEŁETE	1.1 TITLE			Chan	ge
NAME	PARKER, BRENT		1.2 NAME				
STREET ADDRESS	1324 ACADEY ST		1.3 STREE	TADDRESS			i
CITY-ST-ZIP	SANGEN C		14 CITY-S	T-ZIP		[] ()	
TITLE	VD	☐ DELETE	2.1 TITLE			Chang	ge
NAME	OGLESBY, GEORGE W		2.2 NAME				ŀ
STREET ADDRESS	1635 LAKE CHARM DRIVE			TADDRESS			
CITY-ST-ZIP	OVEIDO FL		2.4 CITY-5	ST-ZIP		☐ Chang	ge Addition
TITLE	D ALLEGE STATE OF THE STATE OF	☐ DELETE	3 1 TITLE			☐ Chan	ge Li Addition
NAME	SHIVENLY, MARCUS		3.2 NAME				
STREET ADDRESS	1324 ACADENY ST			TADDRESS			
CITY-ST-ZIP	SANGER CA	□ nei ette	3.4. CITY-5	ST-ZIP		Chan	ge Addition
TITLE		☐ DELETE	4.1 TITLE				ac Dyddiidii
NAME			4. 2 NAME	0 - 5			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CiTY-S	IT-ZIP		☐ Chan	ige Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			CT Outlin	gonoution
NAME				T ADORESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	91-25		☐ Chan	ge Addition
TITLE		□ DELETE	6.2 NAME				g
NAME				T ADDRESS			
STREET ADDRESS			0.3 3 IREE	1 ALUNCOS			

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 suppliemental 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, with all other like empowered.

SIGNATURE: