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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 560253

1. Corporation Name

ST. LUC	ie Paper & Packaging, i	INC.									
Principal Place	e of Business	Mailing /	Address				1		י זושוש וזוו פּפוני	BYBY) BIBIS BYBIS	Bibli Bibli (BBI
414 AVENUE A PO BOX 3836											
FT. PIERCEFL 34960 FT. PIERCEFL 34948							DO NOT WRI	TE IN THIS	SPACE		
US		บร					3.	Date Incorporated or Qualifed			
	2 - 7 . 2 - 2	-	. •			-	1	02/22/1978			1
2. Principal P	Place of Business	2a. Maili	ng Address					FEI Number		Ap	plied For
21		26						59-1800648		No	ot Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				``T	Certifcate of Status Desired			Additional
22		27					<u> </u>			Fee Re	equired
City & Stat	te	<u> </u>	& State				6.	Election Campaign Financing			May Be
23		28		 -				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	٠	Coun	try		1	This corporation owes the curr	rent year In		₩ _{No}
24	25	29		30				Personal Property Tax. Name and Address of New	Registered	☐ Yes	KINO
	9. Name and Address of Currer	nt Kegisterea	Agent	- 1	B1 N	ame	10.	Name and Address of New	regist <u>ereu</u>	~9e⊪_	
HAM	MILTON-SMITH, MICHAEL								-		
	AVENUE A			1	82 S	treet Addre	ess (P.	O. Box Number is Not Accept	able)		
	PIERCE, FL			1	83						
3495	•										
	-			[8	84 C	ity			FL	85 Zip	Code
11 Dureuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607 150	08 Florida Statute	es the ah	ove-na	med corpo	oration	submits this statement for the		= f changing its	registered
office or r	registered agent, or both, in the State	of Florida. Su	ch change was at	uthorized I	by the	corporation	n's bo	ard of directors. I hereby acce	pt the appo	intment as re	egistered
agent. I a	im familiar with, and accept the obliga	ations of, Secti	on 607.0505, Flor	rida Statut	es.						į
agent. I a	im familiar with, and accept the obliga	ations of, Secti	on 607.0505, FIOI	ida Statut	es.	nature required			DATE		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: