

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 817052 (4)  
1. Corporation Name  
TUPPERWARE HOME PARTIES CORPORATION

Principal Place of Business

1717 DEERFIELD RD.  
DEERFIELD IL 60015

Mailing Address

1717 DEERFIELD RD.  
DEERFIELD IL 60015



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

3. Date Incorporated or Qualified

04/11/1962

3a. Date of Last Report

05/01/1995

4. FEI Number

95-2831671

Apply

Not A

5. Certificate of Status Desired

☐

\$8.75 Add.  
Fee Requir

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May  
Added to Fe

8. This corporation has liability for intangible tax under s. 199.0  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 agent 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

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSD

COSTIGAN, J. M.  
1717 DEERFIELD RD.  
DEERFIELD IL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

FLETCHER, L. JOHN  
1717 DEERFIELD RD.  
DEERFIELD IL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

ROELK, THOMAS M.  
1717 DEERFIELD RD.  
DEERFIELD IL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

ROSE, JR. J  
1717 DEERFIELD ROAD  
DEERFIELD IL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPC

HOAGLUND, ROBERT W.  
1717 DEERFIELD ROAD  
DEERFIELD IL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

DUNLAP, CHARLES L.  
3175 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL

☐ DELETE

13.

ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS

☐ Change

☐ Add

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

9000018946190  
-07/16/96--01080--033  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #