

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

053740

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90009 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F58759**

1. Corporation Name

**YOUNG PACKAGING PRODUCTS, INC.**



Principal Place of Business <b>% LUTHER E. YOUNG</b> <b>2538 CHATEAU COURT</b> <b>PENSACOLA FL 32526-2233</b> <b>US</b>	Mailing Address <b>% LUTHER E. YOUNG</b> <b>2538 CHATEAU COURT</b> <b>PENSACOLA FL 32526-2233</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>
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3. Date Incorporated or Qualified <b>12/16/1981</b>	
4. FEI Number <b>59-2184797</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>YOUNG, LUTHER E.</b> <b>2538 CHATEAU COURT</b> <b>PENSACOLA FL 32526</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>YOUNG, MARLENE W</b>
STREET ADDRESS	<b>2538 CHATEAU COURT</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>YOUNG, LUTHER E</b>
STREET ADDRESS	<b>2538 CHATEAU COURT</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>YOUNG, LANCE B</b>
STREET ADDRESS	<b>2538 CHATEAU COURT</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>YOUNG, SCOTT A</b>
STREET ADDRESS	<b>2538 CHATEAU COURT</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 with all other like empowered.

SIGNATURE:

**MARLENE W. YOUNG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

(850) 944-4943

CR2E034 (11/98)