FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 24 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F80452 (8)

1. Corporation Name
MULTI-LINE CANS, INC.

Principal Place of Business	Mailing Address
111 E MADISON ST PO BOX 1690 (MAILING ADDRESS) TAMPA FL 33601	111 E MADISON ST PO BOX 1690 (MAILING ADDRESS) TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 P.O. Box 1194
22 Suite, Apt. #, etc. Highway 301 North
23 City & State Dade City, FL
24 Zip 33526 25 County USA

2a. Mailing Address
26 Same as above
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

4. FEI Number 59-2188958 ☐ Applied For ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, NATHAN B
111 E MADISON ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

91 Name Same
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPAS	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBER, JOHN P.	1.2 NAME	See attached list
STREET ADDRESS	1302-26 NORTH SEVENTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CARRERE, MAICHAEL L.	2.2 NAME	
STREET ADDRESS	4611 LYKES RD, INDUSTRIAL PARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LYKES, III J.T.	3.2 NAME	
STREET ADDRESS	111 E MADISON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, W R	4.2 NAME	
STREET ADDRESS	1302 26 N 7TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	
TITLE	TS	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHINDLER, D.R.	5.2 NAME	
STREET ADDRESS	111 E MADISON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	CFO	6.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, B.T.	6.2 NAME	
STREET ADDRESS	111 E MADISON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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)(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: _____ 4/14/95 (813) 223-3981
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Ken B. Morgan / Assistant Treasurer

0448253 FP

F80452

MULTI-LINE CANS, INC.
P. O. Box 1194
Dade City, Florida 34297-1194

Federal Identification No.
59-2188958

Hormuth Street
Dade City, Florida 33525

Date of Incorporation
May 5, 1982

Document No. F80452

Telephone No. 904/521-2391

Direct Dialing from Tampa - 228-8508

Address used on tax returns:
P. O. Box 1690
Tampa, Florida 33601

OFFICERS

Tom L. Rankin - Chairman of the Board, President and Chief Executive Officer
T. G. Rice - Executive Vice President
W. R. Brannen - Vice President
John P. Chambers - Vice President, Chief Accounting Officer and Assistant Secretary
B. T. Bailey - Chief Financial Officer
Kimberly Johnson - Treasurer
D. R. Schindler - Secretary
Kenneth D. Morgan - Assistant Treasurer

DIRECTORS

Michael L. Carrere
J. T. Lykes, III
Tom L. Rankin

4-6-95