


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

FILED

Apr 24 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **F80452** (8)
1. Corporation Name
MULTI-LINE CANS, INC.



| | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Principal Place of Business PO BOX 1194 HIGHWAY 301 NORTH DOADE CITY FL 33526 US | Mailing Address 411 E MADISON ST. PO BOX 1690 (MAILING ADDRESS) TAMPA FL 33601 |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

**400 N. Tampa St.
Tampa FL
33602**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 05/05/1982 | 4. FEI Number 59-2188958 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
81 Name
Elizabeth A. Waters
82 Street Address (P.O. Box Number is Not Acceptable)
400 N. Tampa St.
83
84 City
Tampa
85 Zip Code
FL 33602

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 **Elizabeth A. Waters, V.P. and Secretary** 4/12/98
Signature, typed or printed name of registered agent and official application (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------------------------|
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D CARRERE, MICHAEL L |
| STREET ADDRESS | 111 E MADISON STREET |
| CITY - ST - ZIP | TAMPA FL 33602 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D LYKES, J. T III |
| STREET ADDRESS | 111 E MADISON ST |
| CITY - ST - ZIP | TAMPA FL 33602 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | TS SCHINDLER, D R |
| STREET ADDRESS | 111 E MADISON ST |
| CITY - ST - ZIP | TAMPA FL 33602 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | T JOHNSON, KIMBERLY |
| STREET ADDRESS | 411 E MADISON ST |
| CITY - ST - ZIP | TAMPA FL 33602 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PCEO PIPPIN, M. L |
| STREET ADDRESS | 111 E MADISON ST |
| CITY - ST - ZIP | TAMPA FL 33602 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | COB BRABSON, JOHN A JR |
| STREET ADDRESS | 111 E MADISON ST |
| CITY - ST - ZIP | TAMPA FL 33602 |

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

SIGNATURE: **K. S. Johnson Treasurer** 4/12/98 812/222-2901

CR2E034 (10/97)

MULTI-LINE CANS, INC.

P.O. Box 1194
Dade City, FL 34297-1194

Federal Identification No.
59-2188958

Hormuth Street
Dade City, FL 33525

Date of Incorporation
May 5, 1982

Document No. F80452

Incorporated State of Florida

Telephone No. 352/521-2391

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

| TITLE | NAME | STREET ADDRESS | CITY/STATE/ZIP |
|------------------------------------------------|----------------------|---------------------|-----------------|
| Chief Executive Officer | M. Lenny Pippin | 400 N. Tampa Street | Tampa, FL 33602 |
| President and Chief Operating Officer | T. G. Rice | 400 N. Tampa Street | Tampa, FL 33602 |
| Vice President | W. R. Brannen | 400 N. Tampa Street | Tampa, FL 33602 |
| Vice President (Finance and Administration) | Craig Pellerin | 400 N. Tampa Street | Tampa, FL 33602 |
| Treasurer | Kimberly Johnson | 400 N. Tampa Street | Tampa, FL 33602 |
| Vice President and Secretary | Elizabeth A. Waters | 400 N. Tampa Street | Tampa, FL 33602 |
| Vice President and Chief Financial Officer | Harry G. Leonardi | 400 N. Tampa Street | Tampa, FL 33602 |
| Directors | John A. Brabson, Jr. | 400 N. Tampa Street | Tampa, FL 33602 |
| | M. Lenny Pippin | 400 N. Tampa Street | Tampa, FL 33602 |