

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

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90014 030 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F80452** ✓

1. Corporation Name

**MULTI-LINE CANS, INC.** ✓

Principal Place of Business

PO BOX 1194  
HIGHWAY 301 NORTH  
DADE CITY FL 33526  
US

Mailing Address

400 N TAMPA ST  
PO BOX 1690 (MAILING ADDRESS)  
TAMPA FL 33602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1982**

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

**WATERS, ELIZABETH A  
400 N TAMPA ST  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**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 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 **T** ☐ DELETE  
NAME **JOHNSON, KIMBERLY**  
STREET ADDRESS **400 N TAMPA ST**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **PCEO** ☐ DELETE  
NAME **PIPPIN, M. L**  
STREET ADDRESS **400 N TAMPA ST**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **COB** ☐ DELETE  
NAME **BRABSON, JOHN A JR**  
STREET ADDRESS **400 N TAMPA ST**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **See Added for Additions/Changes** ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**K.S. Johnson, Treasurer** 4/23/99 813/442-3991

Date

Daytime Phone #

CR2E034 (1/98)

5716769001431  
F80452

**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 and President	M. Lenny Pippin	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
<b>Directors</b>	John A. Brabson, Jr.	400 N. Tampa Street	Tampa, FL 33602
	M. Lenny Pippin	400 N. Tampa Street	Tampa, FL 33602