PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300003879

1. Corporation Name

FILM PACKAGING SERVICES, INC.

Principal Place of Business 165 MINGO TRAIL

Mailing Address

165 MINGO TRAIL

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90036 028 ***150.00



LONGWOOD FL		LONGWOOD FL 32750			DO NOT WR	TE IN TH	IIS SPACE		
					3. Date Incorporated or Qualifed				
					08/26/1993				
2. Principal Place of Business				<i>a</i> .	4. FEI Number		h	Applied For	
21 313 Berwick Ct. 26 313 Berwick				CF.	58-1542153			Not Applicable	
Suite, Apt. 3		Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional Required	
City & State City & State				6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F					
	Grow, Fir.	Zip Zip	Country	 	8. This corporation owes the cur	ront woor		101663	
zip 24	Country LLS A	29 32746 30		SA	Personal Property Tax.	ieni year	Yes	□No	
24 02144	9. Name and Address of Current	127	1 1	317	10. Name and Address of New	Registere	ed Agent		
	5. Name and Address of Current	Registered Agent	81	Name		-			
CT C	ORPORATION SYSTEM					-61-1			
1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
	ITATION FL 33324		83						
								0.4	
			84	City		F	L 85 Zir	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m famillar with, and accept the obligation	t Florida. Siich chande was auind	arizea nv	me coroor	corporation submits this statement for the ration's board of directors. I hereby acce	purpose pt the app	of changing i pointment as	ts registered registered	
SIGNATURE						DATE			
	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature re	quired when reinstating) ADDITIONS/CHANGES TO O		AND DIRECT	TORS IN 12	
12.	CP OFFICERS AND	DELETE	1.1 TITLE	1	ADDITIONO/DITANGED TO GO	1102.10	Change		
	CIUBA, FRANK E	<u></u>	1.2 NAME	1	,		•		
NAME	313 BERWICK COURT			T ADORESS					
STREET ADDRESS	HEATHRON FL		1.4 CITY- S		Heathrow, FIA.	221	46		
CITY-ST-ZIP TITLE	VCST	☐ DELETE	2.1 TITLE	ST-ZIF	ACCITION, ILI	-J.×1-	Change	e Addition	
NAME	HUCKABY, JAMES W		2.2 NAME						
	-2758 BROOKCLIFF LANDING			TADDRESS		_			
STREET ADDRESS	MARIETTA GA 30062		2.4 CITY-						
CITY-ST-ZIP	MARIETTA GA 30002	☐ DELETE	3.1 TITLE	31-21			☐ Change	e 🔲 Addition	
			3.2 NAME						
NAME				T ADDRESS					
STREET ADDRESS			3.4, CITY-5		•				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE				☐ Chang	e Addition	
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP					
TITLE	~~~	☐ DELETE	5.1 TITLE	1			☐ Chang	e 🗌 Addition	
NAME			5.2 NAME	j					
STREET ADDRESS			5.3 STREE	T ADORESS					
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE	1	☐ DELETE	6.1 TITLE	T			Chang	e Addition	
NAME '	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAME						
STREET ADDRESS	4 X 17 1 4 6.14		6.3 STREE	TADDRESS					
CITY, ST. 7ID			6.4 CITY-S	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 suppliemental 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: