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 MAY -1 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G42723** **(8)**

1. Corporation Name
ANDERSON PACKAGE CORPORATION

Principal Place of Business	Mailing Address
2713 ANDERSON AVE FT MYERS FL 33916-4003	2713 DR. M. L. KING BLVD. FT. MYERS FL 33916 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/03/1983**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21: 2713 Dr. M.L. Blvd
22 Suite, Apt. #, etc.:
23 City & State: Ftmyers, Fl
24 Zip: 33916 25 Country: LEE

2a. Mailing Address
26: 2713 Dr. M.L. King Blvd
27 Suite, Apt. #, etc.:
28 City & State: Ftmyers, Fl
29 Zip: 33916 30 Country: LEE

4. FEI Number: **59-2316886** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRACE, WALTER JR. ATTORNEY AT LAW
2259 MCGREGOR BLVD.
FT MYERS FL 33901

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: _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, WARREN	12 NAME	
STREET ADDRESS	1935 PAULDO ST	13 STREET ADDRESS	
CITY ST ZIP	FT MYERS, FL 00000	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ROSA LEE	22 NAME	
STREET ADDRESS	1935 PAULDO ST.	23 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 added on an attachment with an address.

SIGNATURE: Warren Williams — Warren Williams 4-30-95 813 33 46735
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR TITLE OF DIRECTOR — Date — Daytime Phone #

0450768 FP