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 MAR -3 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G84490 (3)

1. Corporation Name
TAMPA TUBE CONTAINERS, INC.

Principal Place of Business
% VICTOR J. BOLSA
3820 FAIR OAKS AVE. .
TAMPA FL 33611
US

Mailing Address
% VICTOR J. BOLSA
3820 FAIR OAKS AVE. .
TAMPA FL 33611
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/13/1984
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2380822 — 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
BOLSA, VICTOR J.
~~3820 FAIR OAKS AVE~~ 5202 S. Lois Ave
TAMPA FL 33611

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 _____ (NOTE: Registered Agent signature required when resulting) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOLSA, MARIANO
STREET ADDRESS	~~3820 FAIR OAKS AVE~~ 5202 S. Lois Ave
CITY, ST, ZIP	TAMPA FL
TITLE	PD
NAME	BOLSA, MARIA M.
STREET ADDRESS	~~3820 FAIR OAKS AVE~~ 5202 S. Lois Ave
CITY, ST, ZIP	TAMPA FL
TITLE	S
NAME	BOLSA, VICTOR J
STREET ADDRESS	~~3820 FAIR OAKS AVE~~ 5202 S. Lois Ave
CITY, ST, ZIP	TAMPA FL
TITLE	VTD
NAME	BOLSA, VICTOR J
STREET ADDRESS	~~3820 FAIR OAKS AVE~~ 5202 S. Lois Ave
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further I 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: Victor J. Bolsa
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/95 (813) 835-8823
Daytime Phone #

0296200 CP