

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90093 027 \*\*\*150.00

DOCUMENT # H47762

1. Corporation Name

BUNZL USA TAMPA, INC.

Principal Place of Business

9203-E KING PALM DRIVE  
TAMPA FL 33619

Mailing Address

9203-E KING PALM DRIVE  
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1985

4. FEI Number

59-2513074

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 825 Maxham Rd

23 City & State

27 Suite 400

24 Zip

25 Country

28 City & State

Lithia Springs, GA

29 Zip

30 Country

30122 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ DELETE

NAME SNELLINGS, RICK  
STREET ADDRESS 701 EMERSON, STE 401  
CITY-ST-ZIP ST. LOUIS MO

TITLE ☐ DELETE

NAME EMGE, THOMAS J  
STREET ADDRESS 6063 BOAT ROCK BLVD SW  
CITY-ST-ZIP ATLANTA GA

TITLE ☒ DELETE

NAME HICKS, GREG  
STREET ADDRESS 7034 BROOKVILLE RD SW  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ DELETE

NAME AS STOWERS, WILLIAM K  
STREET ADDRESS 6063 BOAT ROCK BLVD SW  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME V OSTROFF, RICHARD  
STREET ADDRESS 9203-E KING PALM DR.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

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

ST  
Jeff Earnhart  
701 Emerson, Ste 400  
St. Louis, MO 63141

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

William K Stowers

2/23/99

Date

770-745-6445

Daytime Phone #

CR2E034 (1/98)