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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J19234

(0)

Mailing Address

TAMPA BAY PACKAGING SUPPLY, INC.

FILED
Jan 16 1997 8:00am
Secretary of State

|--|

% RONALD W. HALL 15121 HEATHRIDGE DR TAMPA FL 33625			% ronald W. Hall 15121 Heathridge Dr Tampa Fl 33625-1804							
							 Date Incorporated or Qualified 06/12/1986 	3a. Date of La 02/21/199		
<u> </u>	Place of Business		2a. Mailing Address				4. FEI Number		Applied For	
21			26				59-2694359		Not Applicable	
Suite, Apt #, efc.			Suite, Apl. #, etc.				5. Certificate of Status Desired Section Fee Required			
City & State			City & State				A Florida Comunica E			
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Count		Zip Country				8. This corporation has liability for intangible tax under s. 199,032,			
24				30			Florida Statutes Yes No			
	9. Name and Addre	ess of Current Re	gistered Agent		\prod	10. Name and Address of New Registered Agent				
HALL	l, ronald W.				81	Name				
1512	1 HEATHRIDGE DR				82	Street A	ddress (P.O. Box Number is Not Acceptable	<u> </u>		
TAMI	PA FL 33625				83	350	Control of the transplant	~		
					63					
					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. Lam familiar with and accept the obligations of Section 607.0505. Florida Statutes.										
SIGNATURE										
	Signature, typed or per jed carr					nt signature i	equired when reinstating)	DATE		
12.	I DP	OFFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	T		☐ DELETE	1.11				Char	ige L. Addition	
NAME	HALL, RONALD W. 15121 HEATHRIDG	c no			NAME					
STREET ADORESS	TAMPA FL	E UN				ADDRESS				
CITY-ST-7/P	IAMEA EL				CITY-S	I - ZIP				
1:TLF			☐ DELETE	21]				L Char	nge Addition	
NAME					NAME					
STREET ADDRESS						ADDRESS	- r		ļ	
CITY ST-ZIP			T DELETE		CITY-S	T-ZIP	The state of the s			
TITLE			☐ DELETE	3.1 T		}		☐ Char	nge 🔲 Addition	
NAME					NAME	İ				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			Dec ese		CITY-S	T-ZIP				
TITLE			L DELETE	4.1 T				☐ Char	nge L Addition	
NAME				4.2	NAME					
STREET ADDRESS				4.3 \$	STREET	address				
CHY-S₹-ZIP				4.4 0	CITY-SI	T- ZIP				
TITLE			☐ DELETE	5.1 T	ITLE			☐ Char	ige 🔲 Addition	
NAME				5.2 N	IAME				1	
STREET ADDRESS				538	TREET	ADDRESS			1	
CITY - ST - ZIP				5.4 0	OTY-ST	T- 21P			-	
TITLE			☐ DELETE	617	ITLE			Char	ge Addition	
NAME				6.2 N	IAME					
STREET ADDRESS						ADDRESS				
CiTY-ST-ZIP					ITY-SI	ļ				
	by certify that the inform	ation supplied with	this fil no does not qua				ated in Section 119.07(3)(i). Florida Statutes	I further certify	hat the	

Information indicated on this annual report of supplemental annual report is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the ecoporation or the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on a pullachment with an address.

SIGNATURE:

8139631576 Daytime Phone #