

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90066 029 ***150.00

DOCUMENT # **J31551**

1. Corporation Name
MASTER PACKAGING, INC.

Principal Place of Business
P.O. BOX 13445 (33681)
6932 SOUTH MANHATTAN AVENUE
TAMPA FL 33616-1829

Mailing Address
P.O. BOX 13445 (33681)
6932 SOUTH MANHATTAN AVENUE
TAMPA FL 33616-1829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1986

4. FEI Number

59-2720836

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 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

TURKEL, RICHARD M.
6932 SOUTH MANHATTAN AVENUE
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

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEO
TURKEL, RICHARD M.
80 MARTINIQUE
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
HOCK, REINHARD L.
2402 S. TRASK
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VS
DINGLE, GREGORY D.
7507 RUSTIC DR
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
DICKENSHEET, ROLLIE
3705 TYSON
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
EDWARDS, JAMES D
920 GOLF ISLAND DR
APOLLO BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
THOMPSON, JOHN
8949 MAGNOLIA CHASE CIR
TAMPA FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

V
TURKEL, BRIAN
3611 SAN JUAN ST
TAMPA FL

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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

GREGORY A. DINGLE

Date

Daytime Phone #

4/28/99

(813) 837-1175

CR2E034 (1/98)

04006890