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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J37348 (6)

1. Corporation Name
REX PACKAGING, INC.

Principal Place of Business
136 EASTPORT ROAD
JACKSONVILLE FL 32218-3906

Mailing Address
136 EASTPORT ROAD
JACKSONVILLE FL 32218-3906



3. Date Incorporated or Qualified 10/01/1986
3a. Date of Last Report 04/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	25	59-2769876	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

HALL, Y. E. JR.
136 EASTPORT ROAD
JACKSONVILLE FL 32229

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	HALL, Y. E. JR.	1.2 NAME	
STREET ADDRESS	136 EASTPORT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	HALL, DONNA MARIE	2.2 NAME	
STREET ADDRESS	136 EASTPORT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BRYAN, CHRISTINA HALL	3.2 NAME	
STREET ADDRESS	136 EASTPORT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	SWINSON, GRETCHEN HALL	4.2 NAME	
STREET ADDRESS	136 EASTPORT RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRYAN, WILLIAM, E	5.2 NAME	
STREET ADDRESS	136 EASTPORT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VPC	6.1 TITLE	
NAME	RUTHERFORD, MARVIN	6.2 NAME	
STREET ADDRESS	136 EASTPORT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)