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Mar 10 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 # J68639 (0)

1. Corporation Name
BERRY PACKAGING, INC.



Principal Place of Business
HWY 80 FIVE MILES WEST
P.O. BOX 459
LABELLE FL 33935

Mailing Address
P.O. BOX 459
ATTN: KATHY MCDANIEL
LABELLE FL 33975-0459
US

3. Date Incorporated or Qualified 04/17/1987
3a. Date of Last Report 01/31/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 P.O. Box 5609		59-2794707		Not Applicable	
22 City & State		27 Attn: Kathy McDaniel		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
23 Zip		28 LaBelle Fl		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 33880		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						X Yes No	

9. Name and Address of Current Registered Agent

BERRY, JACK M.
HWY 80 W
LABELLE FL 33935

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	PD KEMPER, W.E. HWY 80, WEST LABELLE FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BERRY, JACK M JR 1945 8TH TERR SE WINTER HAVEN FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V GLENN, WALTER H. JR. HWY 80 W LABELLE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S MCDANIEL, KATHY 270 LIVE OAK LANE LABELLE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T JENSEN, CHARLES T. HIGHWAY 80, WEST LABELLE FL	5.1 TITLE	
NAME		5.2 NAME	T Saxon, Nancy S.
STREET ADDRESS		5.3 STREET ADDRESS	3655 SR 80 West
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Alva Fl 33920
TITLE	CD BERRY, JACK M. SR. 1320 LAKE MIRROR TERR NW WINTER HAVEN FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kathy H. McDaniel 1/3/97 941/324-4988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)