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

FILED PROFIT Apr 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J68639 (O) BERRY PACKAGING, INC. Principal Place of Business Mailing Address HWY 80 FIVE MILES WEST PO BOX 5609 P.O. BOX 459 ATTN: KATHY MCDANIEL DO NOT WRITE IN THIS SPACE LABELLE FL 33935 WINTER HAVEN FL 33880 3. Date Incorporated or Qualified 04/<u>17/198</u>7 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2794707 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired ĸ 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERRY, JACK M. HWY 80 W 82 Street Address (P.O. Box Number is Not Acceptable) LABELLE FL 33935 83 **B4** City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PD 1.1 TITLE Change Addition KEMPER, W.E. NAME 1.2 NAME HWY 80. WEST STREET ADDRESS 1.3 STREET ADDRESS LABELLE FL City-St-7iP 1.4 CITY-ST-ZIP DELETE TITLE 40 CVD 21 TITLE Change Addition NAME BERRY, JACK M JR 2.2 NAME **1945 8TH TERR SE** STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME GLENN, WALTER H. JR. 3.2 NAME HWY 80 W STREET ADDRESS 3.3 STREET ADDRESS labelle fl CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME MCDANIEL, KATHY 4 2 NAME 270 LIVE OAK LANE STREET ADDRESS 43 STREET ADDRESS 344 Lake Daisy Circle CITY-ST-ZIP LABELLE FL 4 4 CITY - ST - 7IP Winter Haven, Fl 33884 TITLE X DELETE 5.1 TITLE Change * Addition NAME SAXON, NANCY S. 5.2 NAME Coleman, Harold R. 3655 SR 80 WEST STREET ADDRESS 5.3 STREET ADDRESS 3655 SR 80 West **ALVA FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP Alva, F1 33920 TITLE DELETE CD 6.1 TITLE Change Addition BERRY, JACK M. SR. NAME 6.2 NAME

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

63 STREET ADDRESS

6.4 City-St-ZiP

thy McDaniel

1320 LAKE MIRROR TERR NW

WINTER HAVEN FL

STREET ADDRESS

CITY-ST-ZIP

1/7/98

(941)324-4988