FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K28483** **(1)**

1. Corporation Name

ALLIED FOAM & PACKAGING PRODUCTS, INC.

Principal Place of Business	Mailing Address
7004 E. BROADWAY AVE. TAMPA FL 33619	7004 E. BROADWAY AVE. TAMPA FL 33619

3. Date Incorporated or Qualified: **07/15/1988**

3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **65-0058008** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAKER, HARRY D.
300 NW 127 AVE
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name: ALAN R. RASH

82 Street Address (P.O. Box Number is Not Acceptable): 7004 E. BROADWAY AVE

83

84 City: TAMPA **FL** 85 Zip Code: 33619

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: _____ 3/29/96

Signature of typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required if changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DTV	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BAKER, HARRY D.		1.2 NAME		
STREET ADDRESS	~~300 NE 127 AVE~~		1.3 STREET ADDRESS	7004 E. BROADWAY AVE	
CITY-ST-ZIP	~~PLANATATION FL~~		1.4 CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DSC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRELAND, BILLY H.		2.2 NAME		
STREET ADDRESS	1205 FRANCIS SQUARE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TUPALO MS		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RASH, ALAN		3.2 NAME		
STREET ADDRESS	7004 E BROADWAY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/29/96 813-626-[illegible]98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HARRY D. BAKER, SECRETARY