FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10165 (3)

1. CYPRESS PACKAGING, INC.

6504 ADAMO DR
PO BOX 1500
TAMPA FL 33619
US

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PO BOX 1500
TAMPA FL 33619
US

3. 08/18/1989

3a. 05/01/1994

4. FEI Number 59-2963767

Applied For / Not Applied For

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. Does corporation qualify for small business exemption under s. 607.0141 Florida Statutes? Yes / No

9. Name and Address of Current Registered Agent

HADDEN, THOMAS C JR
3504 ADAMO DR
INDUSTRIAL PARK BLDG 218-19
TAMPA FL 33619

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 Section 607.0505 Florida Statutes, the above named corporation approves this statement for the purpose of changing its registered office or registered agent, effective the date of Florida Department of State acceptance, and authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

PT	
NAME	HADDON, THOMAS
ADDRESS	2221 ROGERS ROAD
CITY, ST, ZIP	LAKELAND FL
S	
NAME	HADDON, SALLY B.
ADDRESS	2221 ROGERS ROAD
CITY, ST, ZIP	LAKELAND FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SAME ✓ Change ☐ Addition
NAME	SAME
ADDRESS	2702 Bellwood DR
CITY, ST, ZIP	BRANDON, FL 33511
TITLE	SAME ✓ Change ☐ Addition
NAME	SAME
ADDRESS	2702 Bellwood DR
CITY, ST, ZIP	BRANDON, FL 33511

14. I hereby certify that the additional request with the Secretary of State, voluntarily furnished and not required by the mailing provisions of Section 607.0505 Florida Statutes, I further certify that the information contained in the original request or supplemental annual report is true and correct 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 registered agent of the corporation; that I have read the requirements of Section 607.0505 Florida Statutes and that my name appears in Block 12 or Block 13 or I am the registered agent of the corporation.

SIGNATURE: 4/14/95 813-628-9594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS C. HADDON, JR

0290642 CP