

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L24466** (9)

1. Corporation Name

J & B PACKAGE, INC.

Principal Place of Business

**C/O MUNIE RUPNARAIN
P. O. BOX 1010
OKLAWAHA FL 32179**

Mailing Address

**C/O MUNIE RUPNARAIN
P. O. BOX 1010
OKLAWAHA FL 32179**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/20/1989	3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MUNIE R. RUPNARAIN
13520 EAST HWY. 25
OKLAWAHA FL 32179**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. 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 fee if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	RUPNARAIN, MUNIE R	1.2 NAME	
STREET ADDRESS	P O BOX 1010 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAWAHA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	RUPNARAIN, TULSIDEI	2.2 NAME	
STREET ADDRESS	P. O. BOX 1010 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAWAHA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	SAMAROO, RUADRAT	3.2 NAME	
STREET ADDRESS	P. O. BOX 1010 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAWAHA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 prepare this report as required by Chapter 807, 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

Signature (Typed)