## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 APR -4 AM 9: 17 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** SECRETARY OF STATE TALLAHASSEE FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company DOCUMENT #L9600000996 1a. Principal Place of Business Address CORR-INNERPACK, L.C. HIGHWAY 71 SOUTH / P.O. Box 101 HIGHWAY 71 SOUTH BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation P.O. BOX 10 09/20/1996 4. FE Number Applied For City & State 59-3409197 5. Date of Last Report Not Applicable 6. Certificate of Status Desired Zip Country st Zb Additional Fee Required Calhoun 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent YOUNG, ROBERT E HICHWAY 71 SOUTH Street Address (P.O. Box Number is Not Acceptable) BLOUNTSTOWN FL 32424 Sulte, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_\_\_\_ 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code KOUNG, ROBERT E MEM HIGHWAY 71 SOUTH BLOUNTSTOWN FL MEM MCGAHA, DON 109 CHERRY ROCK DR DOTHAN AL 500002135965--3 -04/08/97--01035--003 \*\*\*\*203.75 \*\*\*\*203.75 1. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an at achment with an address MER OR MANAGER Daytime Phone # INHSE10 R(12-96)