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 # **M80986** **(6)**

1. Corporation Name

GENERAL COMMERCIAL PACKAGING, INC.

Principal Place of Business	Mailing Address
~~5266 HIGHWAY AVE.~~ ~~POST OFFICE BOX 60069~~ ~~JACKSONVILLE FL 32236~~ US	~~5266 HIGHWAY AVE.~~ ~~POST OFFICE BOX 60069~~ ~~JACKSONVILLE FL 32236~~ US

2. Principal Place of Business	2a. Mailing Address
21 815 S. MAIN St.	26 P.O. Box 48088
Suite, Apt. #, etc 22 #600	Suite, Apt. #, etc. 27
City & State 23 JAX, FL	City & State 28
Zip 24 32207 Country 25	Zip 29 32247 Country 30

3. Date Incorporated or Qualified 05/13/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2893140	☐ 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

PRICE, ROBERT J.
~~5266 HIGHWAY AVE~~
JACKSONVILLE FL 32236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 815 S. MAIN St

83 #600

84 City JAX **FL** 85 Zip Code 32207

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) _____ (DATE) (Registered Agent Signature, if filed separately) _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BELL, A. QUINN		1.2 NAME		
STREET ADDRESS	~~5266 HIGHWAY AVE.~~		1.3 STREET ADDRESS	815 S. MAIN St.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DTV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PRICE, ROBERT J.		2.2 NAME		
STREET ADDRESS	~~5266 HIGHWAY AVE.~~		2.3 STREET ADDRESS	815 S. MAIN St.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	STRICKLAND, BARBARA S.		3.2 NAME		
STREET ADDRESS	~~100 LAURA ST.~~		3.3 STREET ADDRESS	815 S MAIN St.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SUDDATH, STEPHEN M.		4.2 NAME		
STREET ADDRESS	~~5266 HIGHWAY AVE.~~		4.3 STREET ADDRESS	815 S. MAIN St.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	DUROSS, H. ROBERT		5.2 NAME		
STREET ADDRESS	~~5266 HIGHWAY AVE.~~		5.3 STREET ADDRESS	815 S. MAIN St.	
CITY-ST-ZIP	JACKSONVILLE FL		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: R.J. Price, VP 05/01/96 (904) 390-7100

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