


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

pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07281 (9)

1. Corporation Name

DURO BAG MANUFACTURING COMPANY



Principal Place of Business	Mailing Address
DAVIES & OAK STREETS LUDLOW KY 41016	DAVIES & OAK STREETS LUDLOW KY 41016

3. Date Incorporated or Qualified 09/03/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 61-0475966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHOR, CHARLES L.	
STREET ADDRESS	DAVIES & OAK STREETS	
CITY-ST-ZIP	LUDLOW KY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GLABMAN, SEYMOUR	
STREET ADDRESS	DAVIES & OAK STREETS	
CITY-ST-ZIP	LUDLOW KY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHOR, SYLVIA	
STREET ADDRESS	DAVIES & OAK STREETS	
CITY-ST-ZIP	LUDLOW KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUGHES, VAN	
STREET ADDRESS	DAVIES & OAK STREETS	
CITY-ST-ZIP	LUDLOW KY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAVID J. BROWN	
STREET ADDRESS	DAVIES AND OAKS STREETS	
CITY-ST-ZIP	LUDLOW KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GERSON, SHELLY SHOR	
STREET ADDRESS	DAVIES & OAK STREETS	
CITY-ST-ZIP	LUDLOW KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL FELDMAN	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/27/96
Date

606-581-8200
Daytime Phone #

CR2E034 (12/95)

FLORIDA CORPORATION ANNUAL REPORT FOR 1996

DURO BAG MANUFACTURING COMPANY

LINE 13

DAVID DAVIS	V	DAVIES & OAK STS, LUDLOW, KY 41016
LLOYD COBBLE	V	DAVIES & OAK STS, LUDLOW, KY 41016
ED GALLOP	V	DAVIES & OAK STS, LUDLOW, KY 41016
TOBY SHOR	D/V	DAVIES & OAK STS, LUDLOW, KY 41016