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1995

APPROVED AND FILED
95 MAR -1 PM 4:20
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P92000008207 (2)

PACKAGING SERVICE, INC.

Principal Place of Business: 12909 HUNTCLUB ROAD N JACKSONVILLE FL 32216-

Mailing Address: 12909 HUNTCLUB ROAD N JACKSONVILLE FL 32216-

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1992
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3155116 ☐ 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 P. O. Box 2958	26 P. O. Box 2958
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ponte Vedra Beach, FL	28 City & State: Ponte Vedra Beach, FL
24 Zip: 32004 — 25 Country: Duval	29 Zip: 32004 — 30 Country: Duval

9. Name and Address of Current Registered Agent

FOX, DANIEL L
12909 HUNTCLUB NORTH
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Fox, Daniel L
82 Street Address (P.O. Box Number is Not Acceptable): 2950 Powers Ave., Jacksonville, FL
83 P. O. Box 2958
84 City: Ponte Vedra Beach FL 85 Zip Code: 32004

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 _______ DATE _______

12. OFFICERS AND DIRECTORS

Title	P
Name	FOX, DANIEL L
Street Address	12909 HUNTCLUB ROAD N.
City-St-Zip	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President	☒ Change ☐ Addition
1 2 NAME	Fox, Daniel L	
1 3 STREET ADDRESS	P.O. Box 2958	
1 4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32004	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I 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: Daniel L Fox — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-16-95 Daytime Phone #: 904-448-8726

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